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PROFESSIONAL DEVELOPMENT NEEDS OF NURSE EDUCATORS IN THE EDMONTON AND RED DEER NURSING PROGRAM: COLLABORATIVE MODEL

by

JOANNE TOORNSTRA

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION.

IN

ADULT AND HIGHER EDUCATION

DEPARTMENT OF ADULT, CAREER AND TECHNOLOGY EDUCATION

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled PROFESSIONAL DEVELOPMENT NEED OF NURSE EDUCATORS IN THE EDMONTON AND RED DEER NURSING PROGRAM: COLLABORATIVE MODEL submitted by Joanne Toornstra in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in ADULT, CAREER AND TECHNOLOGY EDUCATION.

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August 27, 1993

ABSTRACT

Professional development is an important part of any program in higher education. It becomes even more important when new programs and curricula are put into effect. The purpose of this study was to examine the perceived professional development needs of nurse educators within the newly established Edmonton and Red Deer Nursing Program: Collaborative Model.

A needs assessment questionnaire was distributed to 104 nurse educators working within the ERDNP:CM. Frequency counts and percentage distributions were used to discuss findings related to the respondent's age, level of education, teaching experience in nursing, experience in the development of the Collaborative program, and preferred format for professional development activities. Mean discrepancy scores were used to determine the extent to which respondents perceived a need for professional development in eleven knowledge and skill categories (the structure and function of the ERDNP:CM, the curriculum, the adult learner, instruction in the classroom and clinical area, evaluation of clinical practice and classroom theory, teaching strategies, interpersonal skills, and professional growth) related to the nurse educator role. Chi square analysis was used to test for statistically significant relationships between the eleven knowledge and skill categories and the variables age, teaching experience, and level of education. Content analysis was used to structure information from open-ended questions relating to incentives and barriers to participation.

The majority of respondents were well educated and experienced. Nurse educators participating in this study did perceive a need for professional development activities in areas related to the nurse educator role. They were primarily interested in learning more about teaching strategies, research, and scholarly writing. There were statistically significant relationships between age, level of education, years of experience and the need for professional development, with younger, less experienced and less educated nurse educators perceiving higher needs. Respondents indicated that professional development activities must be meaningful, of good quality and scheduled with consideration of faculty workload.

Results from this study will provide information and insight relevant for planning professional development activities in nursing education.

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CHAPTER ONE

THE PROBLEM AND ITS SETTING

Introduction

In recent years there have been many changes in the field of nursing. Scientific and technological advances in the provision of nursing care and a new focus on health promotion and primary health care have produced a continual need for the expansion of competencies in knowledge and skill areas (Urbano & Jahns, 1988). In order to facilitate the development of these, there has been a consistent effort in nursing education to explore curriculum orientations that will better prepare nurses for professional practice (Rush, Ouellet, & Wasson, 1991). One of the most significant changes has centered on the belief that the baccalaureate degree in nursing should be the entrance requirement to the nursing profession.

The Canadian Nurses Association has taken the position that by the year 2000 a baccalaureate degree would be necessary for entrance to nursing practice in Canada. This position was supported in Alberta by the Alberta Association of Registered Nurses in a "Position Statement on Baccalaureate Education for Nurses" (1988). A baccalaureate degree in nursing is desirable because it provides a broad background in nursing, biological and social sciences, and the arts. This type of education includes a greater emphasis on critical thinking skills, nursing research, health promotion, disease prevention, and the dynamics of health care, and is believed to be essential in future professional nursing practice (Canadian Nurses Association, 1982).

The move toward the baccalaureate degree as the entrance requirement to the practice of nursing has stimulated examination of curriculum change in nursing programs throughout the province of Alberta. Specifically the move served as initial stimulus for specific change in nursing programs between the Edmonton and Red Deer areas (Anderson, Day, Gibson, Profetto-McGrath, Shantz, & Young, 1992). The new four year collaborative program began in Red Deer in 1990 and was implemented in Edmonton in September of 1991. The goal of the Edmonton and Red Deer Nursing Program: Collaborative Model (ERDNP:CM) is to prepare professional nurses to work with individuals, families, groups, and communities in the provision of quality nursing care in a variety of settings. The program is designed in such as way that critical thinking skills, competence in clinical decision making, professional role commitment, collaboration with other disciplines, management of resources, and involvement in life-long learning are facilitated (Anderson, et al, 1992). The program is currently in its second year of implementation in Edmonton and its third year of implementation in Red Deer.

Nurse educators within the new program are required to fulfill a variety of roles, many of them new for these professionals. Knowledge and skills necessary for these roles center on the facilitation of learner-centered education, with emphasis placed on the ability to recognize and accommodate individual learning styles; to provide conditions which facilitate learning and promote the development of a professional nurse; and to assist students in becoming life-long learners and expert practitioners of nursing (Task Force for Collaborative Nursing Education Models, 1989). Teaching and learning

strategies must be utilized that assist the development of critical thinking and clinical decision-making capabilities. In light of these demands professional development for the nurse educator is seen as critical to the stimulation of learning (Task Force for Collaborative Nursing Education Models, 1989).

Bland and Schmitz (1990) stress that the character of any program in higher education depends on the vigor and commitment of its teachers. Continual development of faculty is seen as necessary for effective performance in a teaching role. Threats such as job change and expansion of programs are described as having the potential to interfere with this continued development. This belief is supported by Carmon, Pickett Hauber, and Chase (1992) in a discussion of curriculum change in nursing education. They stress that dealing effectively with any change in curriculum requires attending to teacher concerns. Faculty development in these situations must support faculty involvement in planning, practicing and perfecting new teaching roles. A formal assessment of needs is necessary to determine what kinds of personal and professional growth activities are desired by faculty members (Wheeler and Schuster, !990).

Background to the Study

Nursing Education

The Canadian Nurse Association (1982) in it's "Entry To The Practice Of Nursing: A Background Paper," provides an excellent description of the history of nursing education in Canada. In the early 1900s the education of nurses occurred primarily in hospital schools of nursing with the focus of nursing

education on illness care. The basic requirement for entry to practice was graduation from an approved school of nursing, most of which were three year hospital programs. By 1920 Dalhousie and McGill had instituted the first courses for "graduate" nurses, and the first "basic" baccalaureate degree course in nursing was established at the University of Toronto in 1933. Teaching and supervision of students were primarily the responsibility of those in nursing administration until the late 1940s. There was very little educational preparation for the roles required in teaching. Between 1940 and 1980 the educational preparation of nurses changed dramatically. Two options for registration/licensure came into being, and are still the primary means of gaining entry into nursing: diploma programs offered by colleges and hospitals and baccalaureate programs offered by universities. A baccalaureate degree in nursing became the necessary requirement for teaching nursing.

Nursing practice moved from an illness-based model to the use of a problem-solving approach (C.N.A., 1982). Throughout the 1970s nursing education emphasized the need for the development of a specific body of nursing knowledge. Conceptual frameworks, models, and theories of nursing practice were developed in order to provide ways of organizing substantive content for the process of nursing. The scientific base required for working with technological developments, effective communication and the therapeutic use of self in nursing practice had become increasingly important and remain so today (C.N.A., 1982).

The most dramatic changes in nursing as a discipline, however, occurred in the area of nursing research (C.N.A., 1982). The 1970s were a turning point

for clinical nursing research. In order to know about and implement nursing research findings in the practice setting, nurses had to receive research training in their educational programs. Nursing research training and content were greatly increased in all graduate nursing programs, and a specific nursing research course was added to most baccalaureate programs. The fact that there is no standard provision for nursing research course work in diploma programs serves as an illustrative example of the difference between diploma and baccalaureate preparation for nursing.

Training and Education

In a discussion of the essential differences between diploma and baccalaureate education in nursing, Bevis & Krulik (1991) state that diploma programs offer primarily a training mode of instruction. Rush, Ouellet, & Wasson (1991) stress that the traditional behaviorist model of education entrenched in most nursing programs assumes that learning is instrumental in nature, offers teacher-directed learning activities which reinforce passivity in the student, puts emphasis on the presentation of content with little attention paid to meanings, and does not acknowledge differences in learning styles among students. Baccalaureate nursing programs however, use learner-centered methodologies that foster scholarship, reflection, inquiry, and moral-ethical awareness (Bevis & Krulik, 1991). There is a reciprocal exchange of information, and teachers and students are active co-participants in a learning process where expertise and ability in interpersonal and learning processes are prerequisites for the teacher (Rush, Ouellet, & Wasson, 1991).

The Nurse Educator

Appropriate preparation for the nurse faculty role has been a contentious issue for many years. The baccalaureate degree is no longer considered adequate preparation for a nurse faculty member. Today, the master of science in nursing is considered to be the preferred preparation for a nurse educator (Davis, Dearman, Schwab, & Kitchens, 1992). Oermann & Jamison (1989) found however, that the focus of graduate education is on advanced clinical practice and not on the functional preparation of nurse educators. Nurse educators often have to find alternate ways to acquire knowledge and skills considered foundational to the teaching-learning process (Bachman, Kitchens, Halley, & Ellison, 1990).

In a review of research related to the nurse educator role, Andreoli and Musser (1985) found general consensus of the primary importance of clinical and classroom teaching. Service ranked as second in importance, with little expectation for research in undergraduate programs and very little practice activity across all programs. In a study of the competencies of novice nurse educators, Davis, Dearman, Schwab, and Kitchens (1992) found that competencies inherent in the teaching role involved the ability to select appropriate learning strategies, develop evaluation modalities, and advise and counsel students. Faculty must be professionally competent, have positive interpersonal skills, be calm, considerate and able to assist the student in the clinical application of classroom theory. They must be able to help the students select, evaluate, and apply research findings to clinical settings. They must serve on departmental committees and become involved in professional

activities and organizational development. Nursing faculty are also encouraged to be actively involved in research, and the publication and presentation of their scholarly endeavors (Davis et al, 1992).

The many expectations associated with the nurse educator role reflect the movement of nursing education from a training model to one of advanced education. Faculty familiar with traditional teaching norms have had to put aside what was once comfortable practice and embrace unfamiliar ideas and behaviors (Rush, Ouellet, & Wasson, 1991). The nurse educator has gone from information giver/clinical supervisor to expert learner/learning facilitator. Teaching behaviors must focus on learning as an active process. These changes are threatening and often result in increased stress, role conflict, and role ambiguity (Bachman et al, 1990; Fong, 1990; Ratcliffe & Andresky, 1988).

Choudry (1990) emphasizes that in nursing education today, the nurse educator must have a comprehensive understanding of education as well as nursing. There remains however, little formal preparation for the nurse educator role as discussed earlier. In a study of the learning needs of nurse educators, Bachman et al, (1990) found that respondents perceived unmet learning needs in a variety of content areas directly related to the nurse educator role. Professional development is important in helping to address performance needs in the nurse educator role. Professional development activities assist in facilitating acceptance of new ideas, testing new methods and strategies, reorganizing approaches, and in developing new student-teacher interactions (Bevis & Krulik, 1991).

Professional Development in Nursing Education

In a discussion of professional development in nursing, Beeler, Young, & Dull (1990) describe a conceptual model of individual development centered on growth and directional change. They identify four levels of professional development: professional awareness, professional identification, professional maturation, and professional mastery. Professional awareness involves becoming knowledgeable of role expectations and the development of skills. Professional identification involves increased independence, and the ability to apply previous experience, to identify patterns, and to participate in activities within the organization. Professional maturation is characterized by increased self-confidence, and the initiation of information sharing. In the level of professional mastery the individual is recognized by others for expertise, is involved in research, and participates in professional issues at a national level. In applying this model to nurse educator professional development the framework becomes a guide for lifelong learning from novice nurse educator to master/expert. Practice climates, role expectations, and the availability of educational resources are factors that would affect opportunities for achievement of levels of development.

In discussing faculty development necessary in the transition from diploma to baccalaureate programs in nursing education, Bevis & Krulik (1991) emphasize that faculty development programs must help faculty learn to teach in ways that educate rather than train. West (1989) stresses the need for development when new programs and curricula are put into effect. These often demand that teaching staff upgrade their skills and knowledge in fields which

may be unfamiliar or totally new to them. The process of designing an effective staff development program requires a formal assessment of professional development needs.

Needs Assessment

The term needs can refer to desires, interests or deficiencies and can be specified for one person or aggregated for groups, organizations or societies (Kristjanson & Scanlon, 1992). In discussing continuing education needs, Monette (1977) refers felt needs and normative needs. Felt needs are limited by an individual's self-awareness. Individuals may perceive a need and want a service without really needing it or may have a need but not express it as a demand for service. A normative need constitutes a gap between the desirable standard and the standard that actually exists. Normative needs best reflect the orientation of professional associations and educators towards the overall needs of the nursing profession. This conceptualization of need is a value based judgment based on desired standards, judgments about current level of performance, and beliefs about what should be changed.

Several writers describe the concept of need as a gap between a current set of circumstances and some change or desirable set of circumstances (Moore, 1980; Scriven & Roth, 1978; Sork, 1988). According to Knowles (1980) an educational need is the gap between an individual's present level of competencies and a higher level required for effective performance as defined by the individual, their organization, or their society. Another way of stating this is to describe need as a gap between a current situation which can be

described and documented, and a situation in the future which can be described and is considered more desirable than the situation which currently exists (Sork, 1988). It is important to note that the definition of "need" is crucial to the needs assessment process since it serves as the foundation for activities occurring within that process (Bell, 1978).

The purpose of a needs assessment in the educational setting is to provide data for decision making about educational programming. Once needs have been identified, educational goals can be established and used to direct planning of the curriculum of the program (Mocker & Spear, 1979). Moore (1980) describes a needs assessment model as: (1) identification of a problem, (2) development of a plan for needs assessment, (3) establishment of an implementation mechanism to manage the needs assessment process, (4) definition of data required, (5) identification of data sources, (6) collection of data, (7) analysis of data, and (8) reporting of data. He emphasizes that the core of an effective needs assessment involves generating a description of and understanding the magnitude of the discrepancy between current and desired conditions in a specific situation. The data can then be used to make inferences about needs that will assist in situation specific, time-based decisions about priorities for planning and resource allocation in educational programs (Witkin, 1984).

The question of who can best identify individual learning needs is an important issue in doing any assessment. The most effective type of needs assessment asks respondents for informed opinion based on either personal experience or a background of expertise and knowledge, or for facts about

themselves or others about which they have direct knowledge (Witkin, 1984). The need to involve potential learners in the planning process is consistently emphasized in the literature (Banfield et al., 1990; Bell, 1986; Moore, 1980). Adult learners are more likely to participate in learning activities they have identified as important and in which they have responsibility for planning (Mocker & Spear, 1979).

Research Problem

The establishment of the Edmonton and Red Deer Nursing Program: Collaborative Model (ERDNP:CM) is a curricular innovation so new that little has been written to date in the literature (Fisk, 1991). In Edmonton the first two years of this program are offered at the Grant MacEwan Community College, Health Sciences Division; Misericordia Hospital School of Nursing; Royal Alexandra Hospital School of Nursing; and University of Alberta Hospital School of Nursing. The third and fourth years of the program will be offered through the Faculty of Nursing, University of Alberta. For those students proceeding to year three, credit will be granted on a course by course basis for work done during the first two years of the program. A diploma completion option at the end of year two is available. In Red Deer, all four years of the program are completed at the Red Deer site, and a diploma completion option is available following completion of year two.

In collaborating with the baccalaureate program at the University of Alberta, hospital and college-based programs in the Edmonton and Red Deer Nursing Program: Collaborative Model have moved further into the field of

higher education. Nurse educators within the collaborative program are currently attempting to adapt to and implement a new curriculum, develop knowledge and skills demanded by the new curriculum, and adjust to the more complex organizational structure inherent in the collaborative effort. In order to ensure effective implementation of the new program, and to facilitate effective faculty performance it is important to provide professional development activities that will meet faculty needs.

The purpose of this study is to ascertain the professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model. Specifically the study will ask the following questions:

1. What are the self-reported professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model?
2. What factors influence nurse educator participation in professional development activities?

Assumptions

The major assumptions in this study were as follows:

1. Nurse educators value the concept of professional development.
2. Nurse educators within the ERDNP:CM are aware of needs related to implementation of the new collaborative curriculum.
3. Nurse educators of the ERDNP:CM will respond honestly to the questions used in this study.

Definition of Terms

The following terms are defined as they were used in this study:

Collaborative Model in Nursing Education

This generic term refers to the development and delivery of a curriculum through collaborative effort in which nursing students complete the first two years of studies at one site and then choose to either stay for another period and complete a diploma at that site, or to transfer to a university site and complete their baccalaureate degree in nursing.

Curriculum

This term refers to planned activities that create access to education and training through the identification of goals, content, methods, and evaluation (Langenbach, 1988).

Edmonton and Red Deer Nursing Program: Collaborative Model (ERDNP:CM)

This term refers to the collaborative nursing program developed by the Grant MacEwan Community College: Health Science Division; the Misericordia Hospital School of Nursing; the Royal Alexandra Hospital School of Nursing; the University of Alberta Hospitals School of Nursing; and the University of Alberta Faculty of Nursing in Edmonton; and the Red Deer College, Department of Nursing. In this study the program is also referred to as the Collaborative Baccalaureate Nursing Program and the Collaborative Program.

Nurse Educator/Faculty/Teacher/Professional Nurse Educator

These terms are used interchangeably to refer to those individuals responsible for the teaching-learning process in schools of nursing and who are

(a) Registered Nurses and (b) have attained a baccalaureate degree or higher in nursing or a related field of study.

Nursing Education

That formal education that focuses on knowledge, skills, and attitudes to prepare beginning practitioners of nursing and to enhance the competence of graduate practitioners.

Nursing Diploma Program

A two, two and one half, or three year program of studies which qualifies graduates to write the examination for licensure as a Registered Nurse.

Professional Development

Formal or informal activities that contribute to personal and professional growth.

Professional Development Need

A need is a lack of something essential, desirable, or useful. It is a discrepancy or gap between a current situation which can be described and documented, and a situation in the future which can be described and is considered more desirable than the situation which currently exists (Sork, 1988). A discrepancy or gap between current level of knowledge/skill for nurse educator role function and desired level of knowledge/skill constitutes a professional development need.

Conclusion

This study of the professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model is

important. It will provide valuable information regarding faculty perceptions of their current and desired level of knowledge and skill in specific aspects of the nurse educator role, and in relation to factors that are perceived to act as incentives or barriers to participation in professional development activities. This information can then be used in planning professional development activities that will be meaningful to faculty members, and that may increase job satisfaction, decrease anxiety, and promote effective faculty performance. This in turn will contribute to the effective implementation of the Collaborative Program.

Organization of Thesis

Chapter One introduced the study by providing background information on nursing education, curriculum development, nurse educators, professional development in nursing education, and the needs assessment process. The research problem was stated and terms used in this study were defined.

The second chapter is a review of the literature related to nursing education, aspects of professional development in nursing education, and the role of the nurse educator.

Chapter Three provides a review of the methodology used in this study. The participants are described as well as the instrument, the pilot study and specific procedures related to the collection and analysis of data.

In Chapter Four the findings from the survey instrument are discussed. Nurse educator responses from each of the three sections of the survey instrument provide the basis for analyses and discussion.

The fifth and final chapter provides a summary of the study, the conclusions reached and makes recommendations for future study.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this chapter is to review literature pertinent to professional development. The chapter is divided into four sections. The first section deals with nursing education from an historical perspective, specifically focusing on the movement of nursing into higher education, the development of alternative curriculum models to accommodate this move, and changes that have occurred in the academic preparation of nursing faculty. The second section describes the Edmonton and Red Deer Nursing Program: Collaborative Model and its impact on nurse educators within the program. The third section describes the role of the nurse educator and explores current issues related to preparation of nurse educators. The next section explores theory of professional development in higher education, and addresses professional development in nursing and nursing education in particular. The last section examines the needs assessment process.

Nursing Education

In its early years nursing education in Canada followed three distinct models: the Nightingale model, a hospital-based apprenticeship model, and a "professional" model (Bramadat & Chalmers, 1989). The Nightingale model involved two categories of training. Women who could pay for their training were prepared for supervisory positions in hospitals. Students who had their training paid for by public funds were prepared to do basic illness care and ward

work. The role of the nurse was to provide basic care for the patient and carry out physician instructions. In Canada the first Nightingale lay-training school was established in 1874 in St. Catherines, Ontario (Kerr, 1990).

At the turn of the century, responsibility for nurse training was transferred to hospitals. Hospital schools of nursing quickly proliferated and the resulting rapid expansion resulted in a decline in admission standards, and inadequacies in curricula, facilities and instructor preparation. The hospital based apprenticeship model persisted through the first half of this century. In this model the emphasis was on skills and most of the learning occurred through experience and the observation of other learners. Memorization and recitation were the primary learning strategies. A limited number of lectures were provided primarily by physicians and education occurred over and above the main function of staffing the hospital (Bramadat & Chalmers, 1989).

The "professional" model of nursing involved beliefs that uniform educational standards, formation of professional organizations, and registration and licensure of nurses, were a means of achieving autonomy and professional preparation of nurses. While not used for the training of new nurses, these beliefs constituted a movement among nursing leaders to raise the standards of the existing hospital based schools. The impact of this movement on nursing education was most evident in the advanced training of superintendents and teachers, the alliance of nursing and general education, and the development and standardization of nursing curricula (Bramadat & Chalmers, 1989).

In 1932 the Weir report, a landmark study documenting problems characterizing nursing education in Canada, was published. This report,

commissioned by the Canadian Nurses Association, recommended that nursing education be moved from hospitals to the general education system, however this move did not develop substantially until after World War II. In the post World War II era much was done to facilitate this move. Effort was undertaken to improve the quality of nursing education programs through the development of educational standards, and the publication of curriculum guidelines and instructional materials (Larsen & Baumgart, 1992). These activities laid the foundation for moving nursing into the arena of higher education.

The most significant change of this era involved the push to move basic nursing preparation into higher education. Although both diploma and degree routes for initial qualifications were retained, the transfer of diploma programs from hospitals to educational institutions moved ahead rapidly. Saskatchewan, Quebec and Ontario had moved diploma programs to community college systems by the end of the 1960s. By 1989 only 21 hospital schools of nursing remained in operation across British Columbia, Alberta, Manitoba , Nova Scotia, and Newfoundland. In New Brunswick and Prince Edward Island, regional and independent schools were given the responsibility for diploma nursing education. The number of diploma programs in Canada was reduced from 186 in 1967 to 110 by 1989 (Larsen & Baumgart, 1992). An important part of the transition to higher education involved the use of new curriculum designs. These used nursing theories and concepts rather than medical models as organizing frameworks. Rather than focusing primarily on procedures, nursing practice was viewed as a patient-centered and theory-centered activity (Larsen & Baumgart, 1992).

In large part due to increased government funding, the 1960s and 1970s saw basic, continuing and graduate education in nursing expand in scope, size and resources. The number of baccalaureate and master's degree programs increased. Educational preparation for teachers changed. Nurse educators in diploma programs increasingly had baccalaureate-level preparation and a few had master's degrees. In university programs increasingly more faculty had master's level preparation, usually in education or other non-nursing programs and a few had doctoral degrees (Larsen & Baumgart, 1992). While the focus of early graduate programs in nursing was on teaching or administration, in the development of most later programs the focus changed to specialization and advanced nursing practice. This trend has continued today.

The push to move nursing into higher education continues. The entry to practice position taken by the Canadian Nurses Association in 1982 proposes that the baccalaureate degree in nursing be the preferred basic credential for entry to practice for all nurses educated in the year 2000 and beyond (CNA, 1982). The move from diploma to baccalaureate education involves a shift from primarily a training mode of instruction to methodologies that foster scholarship, reflection, and inquiry (Bevis & Krulik, 1991).

Nurse educators are well versed in the behaviorist model for training nurses. This model emanates from Tyler's work (1949) which was adopted by nursing education and now permeates all aspects of curriculum (Rush, Ouellet & Wasson, 1991). Adaptations of Tyler's model include: a philosophy, a conceptual framework, strands and threads, terminal objectives, level objectives, course of study and course objectives. This process is linear and

assumes that all learning is instrumental in nature. The limitations of this model include a failure to recognize aspects of knowing such as critical thinking, teacher directed learning activities which reinforce passivity in the student, a focus on content but not meaning, and little attention paid to differences in learning styles amongst students. In this model students are not encouraged to think independently or creatively, both of which are considered essential in preparing the future professional nurse (Rush, Ouellet, & Wasson, 1991). In order to adequately prepare nurses able to meet current and future needs of the health care system, students must be guided in the development of scholarship, reflection, inquiry, moral-ethical awareness, and caring creative competence in the delivery of patient care (Bevis & Krulik, 1991). The professional skills and values that should be fostered are those that universities traditionally develop (Larsen & Baumgart, 1992).

The demand for well-educated, highly competent nurses able to cope with a rapidly changing society and complex health care system, has put pressure on nursing education. At the university level faculty are required to have master's degrees although a doctoral degree is preferred. In addition to increasing academic requirements, greater emphasis is being placed on the teaching role and there is a move toward innovative collaborative programming between universities and hospital schools/community colleges. Collaborative programs are important in that they allow existing resources to be combined and used more effectively (Larsen & Baumgart, 1992). The Edmonton and Red Deer Nursing Program: Collaborative Model is an example of one of these innovations.

The Edmonton and Red Deer Nursing Program Collaborative Model

A description of the Edmonton and Red Deer Nursing Program: Collaborative Model (ERDNP:CM) four year degree program in nursing can be found in a Program Overview (1993) developed by the participating institutions. Institutions participating within this program are Grant MacEwan Community College, Health Sciences Division; Misericordia Hospital School of Nursing; Royal Alexandra Hospital School of Nursing; University of Alberta Hospitals School of Nursing, the University of Alberta Faculty of Nursing; and Red Deer College, Red Deer, Alberta. This innovative approach links all the nursing education programs in Edmonton and Red Deer. The program was developed in order to increase accessibility for nursing students to baccalaureate education; to prepare professional nurses able to cope with the present and future health care system; and to increase access to nursing education in such a way that student opportunity is maximized, administrative procedures are minimized and optimal use is made of limited resources. The Collaborative program is described in more detail in Chapter 3.

Impact of the Edmonton and Red Deer Nursing Program: Collaborative Model

The development and implementation of the ERDNP:CM has had significant impact on nurse educators within participating institutions. In a study of nurse educator concerns related to this program, Fisk (1991) found that nurse educators were concerned about the impact of the new program in a variety of areas. Examples of specific personal concerns related to lack of preparation

time, teaching responsibilities, and increased workload. Concerns were also identified relating to the maintenance of good relationships and communication between participating institutions, and the competency and professional level of new graduates. Differences were noted between hospital-based educators and university-based educators, with hospital-based educators being most concerned about personal issues and university-based educators most concerned about collaboration between institutions in the program. Fisk (1991) concluded that the presence of nurse educator concerns had the potential to negatively influence successful curricular change. The exploration of nurse educator concerns was found to be an essential element in identifying staff development needs in order to facilitate the process of curricular change. The findings of this study emphasize the importance of faculty development in any educational change.

The Nurse Educator Role

The role of the nurse educator is becoming increasingly complex and demanding. It is multidimensional in that it involves both teaching and nursing practice. In current literature, requirements for effective performance as a nurse educator reflect nursing education's shift from training to professional education. Nurse educators are expected to perform competently in roles related to teaching (both classroom and clinical), service, research, and scholarly activity (Andreoli & Musser, 1985; Choudry, 1992; Davis et al, 1992; Fitzpatrick & Heller, 1980).

In 1985, Andreoli and Musser reviewed research related to components of the faculty role in nursing education. In the studies examined there was consensus on the primary importance of clinical and classroom teaching. Service was second in importance, with minimal research activity in undergraduate programs and minimal practice activity across all programs. For the most part, research related to classroom teaching effectiveness consisted of lists of characteristics of effective teaching behaviors. Researchers primarily examined student perceptions and evaluations, with one study including faculty and administrator perceptions. Although behaviors varied from study to study, it was evident that students considered teaching skills to be of most importance. The next important set of skills involved interpersonal relationships with students, with the last involving personal characteristics. Different perceptions regarding effective teaching behaviors were found between levels of students and among students, faculty and administrators. In addition to classroom teaching the nurse educator must also teach in the clinical setting.

The majority of studies related to clinical teaching involved student and faculty assessment of clinical teaching effectiveness in a single school. There were consistent differences across levels of students, and between faculty and students as to which characteristics were most important. There were many similarities between effective behaviors in the classroom situation and those considered effective in the clinical setting.

Studies concerned with research revealed that educational preparation, length of work experience as nursing faculty and organizational support were related to the amount of time instructors were involved in research. In schools

with higher research productivity, there was a visible research focus, administration supported faculty research, and there were faculty development programs with a research focus.

Faculty practice or involvement in direct patient care was the focus in three studies. Results of these studies indicated that most faculty practice occurs outside the faculty role, that joint appointments facilitate faculty practice for part-time more than full-time nurse faculty, and that few schools had formal structures in place that supported faculty practice.

At the time of their review, Andreoli and Musser (1985) found little research on nursing faculty workload in general and very little that considered other nursing faculty roles than teaching. In recent years studies have examined the increasingly complex competencies required by nurse educators.

Davis, Dearman, Schwab and Kitchens (1992) reviewed literature relating to specific competencies required in the nurse educator role. Inherent in the teaching role are activities such as selecting appropriate learning objectives, designing learning activities, employing appropriate teaching strategies, developing evaluation modalities, and advising and counseling students. Additional skills and abilities are associated with the clinical teaching role. Characteristics identified as important to the clinical teacher role involve professional competence, positive interpersonal relationships, ability to assist students to identify principles, ability to remain calm, and consideration of students. Of utmost importance to the student is being able to help students apply the knowledge gained in the classroom to actual client care situations (Davis et al, 1992). The authors note that as clinical teachers, faculty must be

able to help students select, evaluate, and apply research findings to practice. This ability requires a teacher who values and feels confident in interpreting and applying information gleaned from nursing research literature.

In order to fulfill the service role faculty must be involved in department, school and university committees. Involvement in professional activities and organizations is also expected.

Nurse faculty are also encouraged if not required to be actively involved in research, publication and presentation of their scholarly endeavors.

Choudry (1992) studied core competencies for new nurse faculty role development in university and community college nursing programs in Ontario. Fourteen core competencies related to nurse faculty were identified. The competencies were divided among five different roles: teacher, practice, research, service, and personal and professional growth. Competencies related to the teacher role include: facilitating student development, evaluating student performance, facilitating clinical performance, acting as a student advocate, advisor and resource, demonstrating sound knowledge base for curriculum development, implementation, and evaluation, and demonstrating comprehensive knowledge of subjects, theories of learning and teaching and appropriate classroom strategies. The practice role involves competency in theory based nursing practice as well as ability to assume the leadership role in the clinical setting. Instructors should also have the ability to support human dignity, understand and value the beliefs of others and utilize effective interpersonal skills. In the research role competencies involve dissemination of research, reviewing and assessing research, designing research to procure

funds, and advancing nursing through research. The instructor should be able to critique research and apply research in practice and teaching. In the service role the instructor is expected to facilitate effective functioning of the institution, profession and local community through collaboration with others. They must understand institutional structure, policies, and procedures. In the role for personal and professional growth instructors are expected to participate in the development of others by sharing knowledge, collaborating in program development, identifying role conflicts, and planning and implementing change. They must also participate in their own professional growth.

Little has been written about the scholarly role of the nurse educator. Baird, Biegel, Bopp, Wentworth-Dolphin, Ernst, Hagedorn, Malkiewicz, Payton, and Sawatzky (1985) examined the definition of scholarly activity in nursing education. In a survey of National League for Nursing accredited baccalaureate programs the authors gathered data relating to the nurse educator's role as a scholar. The ten most important activities indicating scholarly activity were, in descending order of importance: doctoral study, writing a funded grant proposal, giving a speech to a national group, publishing research in a refereed journal, being primary author of a book, speaking to a regional or local group, presenting continuing education, writing a grant proposal which was not funded, receiving a national professional award, and publishing a theoretical article.

Competencies related to the teaching role are frequently cited as the most important aspect of the nurse educator's role (Andreoli & Musser, 1985; Choudry, 1992; Davis et al, 1992), however little has been written concerning the teaching role in relationship to the adult learner in nursing. In 1990, Eason

and Corbett looked at effective nurse teacher characteristics in relation to adult learning. Twenty attributes were perceived to be effective teacher characteristics by adult learners participating in the study. These attributes were divided into two categories: professional characteristics and personal characteristics. Professional characteristics were divided into three categories: knowledge of content, organization of content, and teaching strategies. Knowledge of content involved being knowledgeable, able to answer questions, and able to inform students. Organization of content included being clear, concise, well-prepared and presenting realistic content. Teaching strategies involved the use of a variety of strategies including: audiovisuals, handouts, case studies, sharing experiences, and using language that students could understand. Personal characteristics involved individual attributes such as being: dynamic, easy to listen to, energetic, entertaining, enthusiastic, helpful, interesting and having a sense of humor.

Martin (1989) studied nurse educators perceptions of required competencies in continuing education using the Competencies for the Role of Adult Educator: Self-Diagnostic Rating Scale (Knowles, 1980). Participants in the study identified ten competencies that were required of them at a higher level than their present functioning level. These competencies were: ability to engage learners responsibly in self-diagnosis of needs for learning; ability to engage learners in formulating goals, objectives, and direction of growth in terms that are meaningful to them; skill in using a broad range of material, methods, and techniques and in inventing techniques to fit new situations; ability to involve learners in planning, conducting, and evaluating learning activities;

ability to evaluate learning procedures and outcomes and to select or construct appropriate instruments and procedures for this purpose; ability to describe and apply foundational concepts relevant to the planning process in adult education; ability to select and use procedures for constructing andragogical process designs; ability to interpret census data, community surveys and needs assessments in adapting programs to specific clientele; ability to use planning mechanisms such as advisory councils, committees, task forces, effectively, and ability to develop and carry out a plan of program evaluation. Martin concluded that nurse educators recognized the need for competencies specifically related to the education of adults and perceived themselves in need of further professional development in the areas listed above.

As documented previously aspects of the nurse educators role include teaching (both classroom and clinical), research, scholarly activity, and service. Dunkeley (1990) examined the perceptions and attitudes of nursing faculty and administrators toward faculty development programs in the areas of classroom teaching, clinical teaching, research, service to the institution, community service and leadership. The author found agreement between faculty and administration concerning the importance of classroom teaching for retention, promotion and tenure. In both groups research skills were found to be the area where there was the most need for faculty development. Administrators found classroom teaching the second area most in need of development while faculty identified service to the institution as a secondary concern. It is of interest to note that for every faculty role, nursing faculty perceived a greater need for development than did administration.

Nurse Educator Preparation

As nursing education moves into institutions of higher education there is an increasing need to examine the preparation of nurse educators responsible for implementing these programs. There are two main issues regarding the preparation of nurse educators: the academic role requirements of higher education, and the issue of functional role preparation versus clinical specialization.

There have been a number of changes over the years in what is considered to be adequate nurse faculty preparation. During the early 1900s, the baccalaureate degree was considered adequate. Today the master of science in nursing is considered to be the minimum preparation for a nurse educator, and the majority of nurse faculty continue to hold a masters degree as their highest earned degree (Davis, Dearman, Schwab, & Kitchens, 1992). Initially master's programs in nursing had a functional focus and were developed to prepare teachers and administrators. In the late sixties and seventies however, there was a need to advance the clinical field and refine nursing practice. As a consequence the focus changed almost exclusively to clinical specialization (Fitzpatrick & Heller, 1980). This trend continues today.

In a study of nursing education components in National League of Nursing master's programs, Oermann & Jamison (1989) found that the types of programs offered in nursing education may be classified as either a minor or major in master's programs. Few programs offered a major in nursing education. Those programs that prepare students for nursing education include

content and learning experiences adequate to develop the knowledge base and skills required for both teaching nursing and understanding the faculty role; however not all programs provide this content and not all teachers of nursing complete nursing education courses. The authors note that in order to function effectively in the role of nurse educator, both knowledge of nursing and skills of teaching are required. Clinical expertise cannot be shared if the teacher is unable to communicate that expertise to students and facilitate their learning (Oermann & Jamison, 1989).

Hastings & Willliams (1985) believe that clinical and scientific preparation alone does little to prepare nurse faculty to function in an academic setting. They note that the primary missions of universities and institutions of higher learning relate to research, teaching and service. They believe that it is essential for master's program in nursing education to address these functions. Emphasis should be placed on the role of the nurse educator, levels of nursing education, nursing curricula and instructional design, and professional, social, and political issues related to academe. Without this knowledge nurse educators are poorly prepared to cope with the academic role.

Fitzpatrick and Heller (1980) emphasize that making the transition from clinician to educator requires an awareness and understanding of the norms, values, and expectations of academia. They believe that in preparing nurse educators information must be given related to the philosophy, organization, and administration of higher education, educational planning and policy making, academic freedom, governance, and student teacher relationships including

academic advisement. These abilities are described as essential for full participation in higher education.

In a study of the learning needs of nurse educators, Bachman, Kitchens, Halley & Ellison (1992) report that educators perceived unmet learning needs in a variety of content areas commonly associated with successful implementation of the nurse educator role. They believe that continuing education is one way in which nurse educators acquire knowledge and skills foundational to the teaching-learning process and become socialized into this role.

Theory Related to Professional Development

Professional development is an essential part of any program in higher education. It is only through professional development activities that educators are able to maintain their vitality. Vital teachers are described by Baldwin and Krotseng (1985) as enthusiastic, able to accept new challenges and risk failure, and as teachers who enjoy their work. Professional development programs are essential to ensuring the vigor and commitment of teachers.

In a discussion of the history of faculty development programs in higher education, Bland and Schmitz (1990) note that early programs emphasized teaching skills. This occurred when advancements in educational research yielded awareness of the widespread neglect of teaching in the preparation of most faculty. The focus on teaching also developed as faculty became aware of the difficulties in maintaining enthusiasm for the teaching role over a long period of time. Strategies such as workshops and seminars, faculty evaluation, and centers for instructional development were utilized to avoid faculty burnout.

Later a broader range of needs were addressed. Reductions in funding and staffing resources, tenured-in departments and the threat of institutional insolvency led to the use of strategies such as department retreats, cross-department teaching assignments, shared teaching positions, redefining institution mission and goals, massive curriculum renovation and alternative personnel policies. All of these strategies were attempts to assist faculty in meeting their own goals and fulfilling the missions of the institutions.

Bland and Schmitz (1990) summarize the various recommendations found in the literature relating to faculty development programs in institutes of higher education. They emphasize that faculty vitality and institutional vitality must be the responsibility of faculty and administrators alike. There must be common organizational goals with both parties acknowledging their roles in meeting those goals. Both faculty and administrators must feel ownership of any faculty development program, and faculty must have specific time allocated to work on their continued professional development. In a discussion of elements of effective development programs, the element mentioned most frequently involved having the development program an integral and influential part of the institution. Other recommendations related specifically to program planning and design. Development programs must be comprehensive and attend to organizational, personal and professional dimensions of development. Faculty development programs should also use a wide variety of strategies in response to diverse faculty needs and institutional problems. The authors stress that faculty development programs will also benefit from attending to how

traditional beliefs and values about academia either contribute to or detract from faculty member's satisfaction and productivity.

Bland and Schmitz (1990) note that at the individual level workshops were the most frequently used strategy for professional development. In recent literature however, creative alternatives such as the provision of rewards and recognition, the use of mentors, peer consultation, expert consultation, faculty exchange and cross-department teaching were recommended.

Wheeler and Schuster (1990) emphasize that effective programs for professional development span three major developmental aspects: professional (including instructional) development, personal development and organizational development. They note that because professional development is an evolutionary process, professional development programs must occur over time. They identify specific principles relevant to planning professional development programs These principles involve faculty ownership, faculty involvement, administrative commitment, the need to mesh development activities within the institutional environment, comprehensiveness, the need to perceive professional development in positive terms, the need for demonstrating that programs are a success, and the need for assessment of needs to determine what kinds of personal and professional growth activities are desired by faculty. Demographic variables such as age, gender and ethnicity, must also be considered as well as the use of institutional research concerning faculty careers, the estimation of benefits and costs, and the assurance of institutional fit. According to Wheeler and Schuster (1990), these principles provide the basis for planning professional development programs that offer faculty a way of

reconceptualizing opportunities within their careers, facilitating career development, and fusing professional development with personal development.

In a discussion of the context and process of educational development, Ramsden (1992) summarizes the goals of development in teaching in terms of a shift away from a simple understanding of teaching to a complex, relativistic and dynamic one. This model reinforces the idea that learning how to teach is a process that never ends and that faculty development must be planned on a long term basis.

Frequently faculty development strategies are designed as incentives that will encourage faculty members to participate in their own development. Baldwin and Krotseng, (1985) define incentive as "something that stimulates action or effort" (p6) and stress that incentives that enhance faculty vitality are an important concern in higher education institutions. In order to discuss incentives for faculty development it is important to consider faculty motivation.

Faculty motivation is complex and cannot be explained by a simple materialistic view. McKeachie (1979) stresses that satisfaction in the academic career such as contributing to student development and participating in intellectual interchanges, and the freedom and autonomy of a faculty position have a greater relationship to faculty vitality than extrinsic rewards. Baldwin and Krotseng (1985) believe it naive to discount the impact of extrinsic factors on participation in professional development activities. Things such as work load, working conditions, supervisory practices, career opportunity structures, and rewards are the extrinsic dimensions of academic work that have the potential to either positively or negatively impact faculty performance.

Effective incentives then, can be tangible or intangible. Tangible incentives often take the form of extrinsic rewards that can be given directly by the institution. Salary increases, promotions, and fringe benefits are examples. Intangible incentives such as approval, praise, and other forms of meaningful attention can be powerful forms of reinforcement. These cannot be given out by the institution, but the institution can attempt to create conditions wherein a person can experience them. In any discussion of incentives, it is important to remember that an institution has little control over the value a person places on the incentives it offers. The value attached to any particular reward is largely a function of the person's particular circumstances and needs (Baldwin & Krotseng, 1985). Inherent then in the idea of incentive is the concept of participation.

Scanlan and Darkenwald (1984) examined specific factors that act as deterrents to participation in continuing education. They developed a Deterrents of Participation Scale and administered this instrument to a large random sample of health professionals. Factors that were found to be potent predictors of participation included disengagement which related to feelings of boredom, apathy or alienation; lack of quality which related to program inadequacies; family constraints referring to extraoccupational responsibilities; cost; lack of benefit which related to questions of the relative worth or need for the program; and work constraints which referred to conflicting demands on the participants work time, particularly scheduling difficulties. This study demonstrated that deterrent factors could be identified that explain variance in participation behavior.

Professional Development in Nursing

The increasingly complex world of nursing is characterized by continuous personal, professional and social change. As a result there is a continual need for development of new knowledge and skills and an increased demand for effective continuing education. A increasing number of writers are addressing the issue of continuing professional education in nursing.

Kathrein (1990) describes the content and process of continuing education in her discussion of the Continuing Professional Learning Process (CPLP). In the CPLP model continuing education is defined as a "multifaceted, helical, ongoing process of learning that is patterned and directed by the learner" (p.216). Continuing education occurs within the context of the individual's personal-professional-social milieu. The learner defines goals, does an assessment of learning needs dictated by the goals, and patterns their own individual and creative learning experiences. The influence of the environment or context of learning on all components of the learning process is stressed.

Beeler, Young, and Dull (1990) present a framework for professional development involving four levels of professional development. Within this framework, the dimensions of nursing practice are identified as: nursing practice and process; communication/collaboration; leadership; professional integration which focuses on role adjustment, value clarification, and participation in professional organizations; and research/evaluation. Competencies within each of these dimensions are identified for four levels of professional development. The first level, professional awareness, involves the development of skills as the

individual becomes knowledgeable regarding the expectations of the workplace and the profession. The second level involves professional identification. The individual becomes more independent in practice and is able to prioritize and respond to situations based on previous experience. In the third level, professional maturation, the individual is self-confident in practice and able to initiate information sharing. They may serve on committees, act as consultants, or be active in regional nursing organizations. The last level is professional mastery. In this level the individual is recognized by others for expertise within and outside the profession. Research and involvement in professional issues at the national level are important in this stage. This framework can apply to any aspect of the nursing profession. They stress that the achievement of levels of development is dependent upon practice climates, role expectations, and availability of educational resources.

It is of note that in both of the above models professional learning is described as a life-long process involving the identification of learning needs that require action involving education. Both identification of need and the action that is subsequently taken are influenced by the personal, professional, and social environments of the individual.

Urbano and Jahns (1988) present a conceptual framework for the study of participation in professional continuing education in nursing. Within this framework, motivational orientation, built on a structure of basic human needs and individual beliefs and perceptions, is identified as the primary stimulus for the initiation of participatory behavior. Demographic variables, life situation, and

educational opportunity structure are identified as the predominant influences affecting participatory behavior in professional nursing education.

Professional Development in Nursing Education

Continued professional development is becoming increasingly essential for nurse educators in today's health care system. Rapid changes in science and technology and a new emphasis on consumerism in health care have resulted in a need for educational accountability. In order to adequately prepare students as professional practitioners, nurse educators must become expert learners and explore ways of thinking about teaching that prepare students to be lifelong learners as well. The move into higher education has meant that nurse educators must explore new ways of teaching, as well as taking on the full responsibilities of the educator role in higher education.

Hastings and Williams (1985) discuss four levels of faculty development in university nursing education. Level one is described as the paralysis stage of role development. In this stage faculty view program change as a personal threat to their academic freedom. They are unable to cope with minor changes and they tend to be more concerned with themselves than university standards, expectations, demands, or pressures. The second level is characterized by beginning awareness. Faculty have expanded their perceptions of change and are likely to view it as a threat to the program, rather than a personal threat to their academic freedom. They are limited in their ability to evaluate the potency of the threat and have a tendency to solve problems in such as fashion as to maintain the status quo. In level three faculty are able to accommodate change

once they understand the external pressures that necessitate change. Their focus is on preventing problems rather than solving them. When there is considerable threat to the program they are able to form coalitions to counteract the threat. The highest level of academic development is level four. In this level program change is no longer viewed as a personal or program threat and faculty response to change is no longer dependent on personal understanding. Faculty are able to anticipate problems and to respond to issues through policy formation. As a group faculty are able to create issues that demand a response from other politically relevant groups. Hastings and Williams (1985) believe that in order to develop nurse faculty who are able to function effectively and efficiently at a higher academic level the focus must be on preparing nurse educators in such a way that they enter the academic role at a higher level of development. The authors believe master's programs in nursing must be designed to familiarize graduates with the role and functions required of faculty in an academic setting. This belief echoes concerns regarding the current predominance of clinical specialization in graduate programs in nursing education.

A major concern in the shift from a behavioristic, training model of education to a more educative professional model involves assisting faculty to develop ways of teaching that are academically appropriate (Bevis and Krulik, 1991). Nursing faculty must direct their development to becoming both content experts and expert learners in order to assist students in learning how to become learners and scholars. According to Rush, Ouellet and Wasson (1991) this involves reflecting on the practice of teaching, developing collegial

relationships, and acquiring such competencies as inquiring, strategising, raising questions and issues, seeking meanings and new ways of seeing and understanding, criticizing, discussing, and negotiating. Instructors must also be able to relinquish total control over learning activities in order to promote independence and creativity in the learner. This can pose a very real threat to faculty used to the tra- -onal behaviorist paradigm. Bevis (1989) believes the key to a successful transition from training to educative modes of teaching typical of the university setting is faculty development over a gradual period of time.

In a study examining degree of perceived role strain and sources of role strain in nurse faculty employed in major universities, Mobily (1991) found that most university nurse faculty are experiencing some degree of role strain and a substantial number are experiencing moderate to high degrees. Faculty development was found to be an important means for increasing faculty productivity and dealing with role strain. Opportunity to attend programs and activities related to research were associated with a lower degree of role strain. Mobily (1991) recommends that faculty development programs be multifaceted, address a wide variety of topics, and relate specifically to coping measures suitable for dealing with the role pressures of faculty.

Fong (1990) studied role overload, social support, and burnout among nurse educators from eight campuses in the California State University System. In this study both extreme time pressure and high job demands were reported by a large proportion of nursing faculty members. Burnout was correlated with the variables of job demands, time pressure, and job inadequacy. Fong

believed that educational programs were one way of helping faculty members learn how to deal with their workload.

Andreoli and Musser (1985) found only five studies in their review of research related to faculty development. Three out of five studies focused on the outcome of a single program in a single school. The other two studies included a large sample from a variety of populations. Meleca, Schimpfauser, Witteman and Sachs (1981) studied methods of improving clinical teaching skills. They found that conference and study assignments were the most popular strategies for improving clinical teaching skills. Lane (1981) found that faculty most frequently participated in organized and informal discussions and seminars and were least likely to engage in independent development activities. Institutional barriers to participation included workload, scheduling, lack of release time, and insufficient funding. Personal barriers involved finances, care of dependents, home responsibilities, lack of interest and social responsibilities. In their review, Andreoli and Musser (1985) found that most research has been focused on faculty in non-clinical, male dominated disciplines. Career development needs in nursing might therefore be expected to differ from those established in the general literature.

In reaction to the concern that novice nurse educators are inadequately prepared for the academic role, Bachman, Kitchens, Halley and Ellison (1992), studied the self-reported learning needs of 359 nursing instructors in one southern state. They developed a Questionnaire for Nurse Educators listing 24 content areas reflecting the knowledge and skills common to the nurse educator role. Respondents were asked to indicate the extent to which they were

interested in acquiring additional knowledge in each of the 24 content areas. Content areas receiving the highest ratings were clinical teaching strategies and evaluation, teaching adult learners, evaluation of classroom learning, computer software to enhance student learning and strategies for maintaining clinical proficiency. They noted that doctorally prepared faculty indicated significantly less interest than baccalaureate and master's prepared educators in content related to classroom and clinical learning, teaching adult learners, the academic workplace, maintaining clinical proficiency and continued professional development. These findings indicate that there is a definite need for professional development programs designed for nurse educators.

Scarlett (1989) studied the professional development needs of nurse educators in diploma programs in Alberta in relation to seven specified knowledge/skill areas. These areas involved the school of nursing, adult learner, classroom instruction, teaching strategies, clinical and theoretical evaluation, the school's curriculum, and interpersonal interactions. Respondents indicated a high to very high perceived need for professional development in all seven areas. Teaching experience, level of education, and age were found to be factors influencing degree of perceived need. Knowledge and skills related to classroom instruction, teaching strategies, and interpersonal relationships were viewed as critical areas for professional development.

Needs Assessment

Inherent in the term professional development is the concept of adult learner. Moore (1980) identified specific characteristics of adult learners that influence program planning. Most adults enter into continuing education with previous knowledge and experience related to the subject matter. This knowledge and experience provide an essential baseline for the development of content because if educational activities do not reflect prior learning adult learners often withdraw from the educational activity. Adults also experience a number of time constraints relating to family, occupational, social and community responsibilities. The need to consider timeliness and relevance is therefore important when planning continuing education programs.

In the educational setting needs assessments are an integral part of program planning. The term needs assessment refers to any systematic process for collecting and analyzing information about the educational needs of individuals, organizations, or communities (Knowles, 1980; Moore, 1980). There are several reasons for doing a needs assessment. Needs identified in an assessment are used to establish educational goals which direct the planning of the curriculum and an assessment of needs provides specific information about topics that potential learners will find interesting (Mocker & Spear, 1979).

Few educators have challenged the validity of the concept of needs as a basis for decision making about educational programming (Moore, 1980). There is little agreement, however, on the meaning of need as it is used in education. Atwood and Ellis (1971) describe need as a deficiency that detracts from a

person's well-being. They identify four categories of needs: real needs; educational needs which result from educational deficiencies; real educational needs which refer to specific skills or understandings that are lacking; and felt needs which are regarded as necessary by the person concerned.

According to Monette (1977) a felt need is expressed in specific terms that suggest an ultimate goal. Felt needs are limited by the awareness of the individual as adult learners will arrange to satisfy an educational need only when they become aware of the need. He uses the term normative need to describe a gap between the desirable standard and the standard that actually exists. Normative needs best reflect the orientations of educators toward the overall needs of the nursing profession. This conceptualization of need is based on value judgments about desired standards, current level of performance, and beliefs about how individuals should change.

The concept of a need as a gap between a current set of circumstances and some changed or desirable set of circumstances is described by a number of writers. Knowles (1980) describes an educational need as a gap between an individual's present level of competencies and a higher level required for effective performance as defined by the individual, their organization, or society. Moore (1980) notes that the most popular concept of educational need views need as a discrepancy between an existing set of circumstances and a more desirable set of circumstances. Circumstances are described in terms of knowledge, skills, and attitudes.

Sork (1988) defines need as a gap between a current situation which can be described and documented and a situation in the future which is

considered more desirable than the situation that currently exists. In order for a need to exist there must be a discrepancy between the current and desired situations. Stating a need using this definition requires a description of the present condition and a description of the desired condition. Using this definition of need, Sork (1988) identifies two types of needs: prescriptive needs and motivational needs. A prescriptive need involves a discrepancy identified by someone other than the owner of the discrepancy. With motivational needs the discrepancy is identified by the owner of the discrepancy. Regardless of who identifies the needs, the process of need identification involves making value judgments about existing and desirable conditions.

It is important to note that the definition of need used in a needs assessment will substantially influence the needs assessment process since it serves as a foundation for needs assessment activities (Bell, 1978; Scissons, 1984).

Moore (1980) describes the needs assessment process in a model for needs assessment involving eight steps: identification of a problem, development of a plan, establishment of an implementation mechanism, definition of data requirements, identification of data sources, and collection, analysis and reporting of data. Sork (1988) summarizes the need assessment process in five steps involving determination of: what information to collect, where information can be found, how to gather the information, how to process and summarize the information and how priorities among needs will be established.

The needs assessment process involves identification of information needed, which sources can be used to attain that information, and what method would yield relevant information most effectively. According to Knowles (1980) there are three sources of data for determining needs: the individual, the organization, and society. In professional development the organization and/or society are sources for data assessment in the sense that they interact with professionals and therefore have expectations concerning professional behavior. Institutional management have information regarding changes required in employee performance to ensure sufficient operation and accomplishment of the missions of the institution (Bell, 1978; Knowles, 1980). In these situations educational demands are generated and often imposed upon the learner. Mocker and Spear (1979) stress the importance of involving learners in decision-making related to professional development. Knowles (1980) stresses that the more specifically individuals can identify their educational needs the more intensely they will be motivated to learn. Participation of potential learners in assessing their learning needs thus becomes an essential part of the needs assessment process (Bland & Schmitz, 1990; Wheeler & Schuster, 1990).

While the literature describes various types of needs assessment techniques the survey is the most widely used procedure in needs assessment. In a discussion of the survey method Witkin (1984) states that the term survey refers to the gathering of opinions, preferences and/or perceptions of fact, by means of written questionnaires or interviews. Surveys can gather opinions about two major elements of needs assessment: status and standards, or what

is and what should be. The most effective type of needs assessment survey asks respondents for informed opinion based on personal experience or knowledge or for facts about themselves about which they have direct knowledge. Surveys ask for information most frequently through category scaling in which a respondent rates an item, or expresses an opinion or judgment by selecting one of a fixed number of options. Questionnaires that seek to identify discrepancies employ a design that requires two or more responses for each item. Discrepancy items are displayed in a visual format that makes it easy for respondents to make a direct comparison of their responses (Witkin, 1984).

Bell (1978) describes advantages of surveys relating to the use of written data, the ability to make comparisons between and among groups, the opportunity for diverse input, the opportunity to express preferences about a variety of areas, and the ability to reach a wide geographic distribution. Disadvantages of this method relate to cost, time required to complete, need to include at least 10% of target audience, opinions that do not reflect commitment to support a particular program, and poor return rate.

Regardless of the definition of need that is used or the method chosen for data collection the needs assessment process serves as an invaluable tool for decision making in the development of any educational program.

Summary

In response to a rapidly changing health care system and a new emphasis on educational accountability, nursing education has moved into the field of higher education. Innovations in curriculum development and collaboration between different agencies involved in nursing education has resulted in a significant need for nurse educators to change their ways of thinking about education and to increase their knowledge and skills in relation to all aspects of the academic role in higher education. This role is described as involving teaching, practice, service and scholarly activity. Nurse educator preparation has focused on graduate programs that prepare clinical specialists. While these skills serve to advance the scientific practice of nursing, several authors note that they offer little to assist nurse educators in coping with the demands of the teacher role. In order to facilitate the development of ways of teaching that will best assist the preparation of future nurses, and to assist nurse educators to cope with the role demands of the university setting professional development activities must be designed. More specifically, professional development activities are essential in assisting nurse educators to cope with the changes that have occurred in the implementation of the Edmonton and Red Deer Nursing Program: Collaborative Model. The needs assessment process is an integral part of decision-making about any program development in education. This information assists in justifying the need for this study, which looks at the professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model.

CHAPTER 3

METHODOLOGY

The purpose of this study was to obtain information about the professional development needs of nurse educators working in the Edmonton and Red Deer Nursing Program: Collaborative Model. This chapter provides information concerning the methodology used in the study of nurse educator learning needs. The target population, survey instrument, pilot study, and data collection methods and analysis are specifically addressed.

Target Population

The target population consisted of all nurse educators employed within the Edmonton and Red Deer Nursing Program: Collaborative Model (ERDNP:CM). A description of this four year degree program in nursing can be found in a Program Overview (1993) developed by the participating institutions: Grant MacEwan Community College, Health Sciences Division; Misericordia Hospital School of Nursing; Royal Alexandra Hospital School of Nursing; University of Alberta Hospitals School of Nursing; the University of Alberta Faculty of Nursing; and Red Deer College, Red Deer, Alberta. These institutions represent one university based nursing program, two community colleges, and three hospital-based schools of nursing.

In Edmonton, implementation of the program began in September of 1991. The first two years of the program are offered at Grant MacEwan Community College, Health Sciences Division; Misericordia Hospital School of

Nursing; Royal Alexandra Hospital School of Nursing; and University of Alberta Hospitals School of Nursing. The third and fourth years of the program are offered through the University of Alberta. For those students proceeding to year three, credit is granted on a course by course basis for the first two years of the program. Access to year three is currently limited by a quota and a diploma completion option is presently available at the end of year two. The Faculty of Nursing at the University of Alberta will offer years 3 and 4 of the collaborative program commencing September, 1993.

The collaborative arrangement between Red Deer College and the University of Alberta Faculty of Nursing was implemented in September, 1990. There are only slight differences in the education programs at the Edmonton and Red Deer sites. For those Red Deer students proceeding to year three, block credit is granted for years one and two as opposed to course by course credit from other institutions. All four program years are offered at the Red Deer site. As in Edmonton, a diploma completion option is currently available.

The Edmonton and Red Deer Nursing Program: Collaborative Model

The organizational structure of the ERDNP:CM involves an Advisory Board with representatives from each participating site, and from various stakeholder groups, and an Administrative Council which consists of senior nursing administrators from each site. The Advisory Board and the Administrative Council are responsible for the overall planning, coordination and supervision of educational activities within the Collaborative program. There are five standing committees. The Collaborative Curriculum Committee is

responsible for coordinating detailed course development activities for all nursing courses in the program. The Collaborative Faculty Development Committee is responsible for the arrangement of intersite faculty development activities, and the Collaborative Evaluation and Research Committee is responsible for the development and implementation of a plan for program evaluation. Other standing committees are responsible for dissemination of program information and for coordinating clinical placements. Ad hoc committees have been established to ensure continuing integration of selected major curriculum themes and processes throughout the program. At present these committees are addressing ethical-legal aspects of nursing, health promotion and primary health care, and promotion of critical thinking.

In Edmonton, the University of Alberta Hospitals School of Nursing is a joint department of the Faculty of Nursing and the University of Alberta Hospitals. The University of Alberta Hospitals retains administrative responsibility for operational decisions. Students are admitted to the University of Alberta and all academic decisions are based on Faculty of Nursing policies. Grant MacEwan Community College, the Misericordia Hospital School of Nursing and the Royal Alexandra Hospital School of Nursing are not joint departments of the University of Alberta Faculty of Nursing, but have the authority to offer the first two years of the program. Each institution assumes responsibility for operational decision making and retains the right to establish their own policies. Students are admitted directly to programs at each site and adhere to institutional specific policies.

The Alberta Health and Social Service Education Programs Inventory (1992) gives a brief description of each of the sites involved in the ERDNP:CM. Because this a new program still in the implementation phase, actual numbers may differ from those documented in the inventory due to circumstances relating to the implementation, economic factors, and student demand. According to the inventory the program length at each of the hospital schools of nursing is 96 weeks. The enrollment quota for the Misericordia Hospital is 90 students. After completing the first two years, 45 of these students will be chosen to enter the third year of the baccalaureate program. At the Royal Alexandra Hospital 120 students may be enrolled in the first year. Sixty students will be chosen to enter the third year of the baccalaureate program. The enrollment quota of the University of Alberta Hospitals School of Nursing is 184 students. After completing two years at the UAH school of nursing, 91 students will be chosen to enter the third year of the program (AHSSEPI, 1992).

The program length at the Grant MacEwan Community College is 88 weeks. The enrollment quota involves 77 students. Thirty nine of these students will be chosen to enter the third year of the baccalaureate program offered at the University of Alberta (AHSSEPI, 1992).

The program length at Red Deer College involves 91 weeks. The quota at this site involves 80 students. Degree bound students complete all four years of their studies at the college, but are registered as University of Alberta students in years 3 and 4. The program also has an additional 24 week diploma exit option (AHSSEPI, 1992).

Variations in program length reflect characteristics unique to each site offering the program, but do not reflect differences within the basic curriculum of the ERDNP:CM. Due to financial constraints and government requirements there are a limited number of spaces available for students entering the third and fourth years of the program. Quotas for entrance to the final years reflect these financial constraints as well as providing opportunity for students to have choice in regards to graduating early with a diploma completion.

Baccalaureate graduates from the Edmonton and Red Deer Nursing Program: Collaborative Model will convocate at the University of Alberta with a Bachelor of Science Degree in Nursing.

Approximately 250 nurse educators are employed within the collaborative program, on a full-time, part-time, or sessional basis and in administrative or teaching positions. Nurse educators working within the ERDNP:CM have levels of education ranging from diploma to doctoral degrees. They vary in age from 21 years to over 55 years and may or may not have had specific involvement in the development of the Collaborative curriculum.

Survey Instrument

The purpose of this study was to obtain descriptive data regarding the perceptions of nurse educators concerning their professional development needs. A survey questionnaire was considered to be an appropriate approach to collect these data. The use of a written questionnaire was advantageous in that it allowed access to a large number of people, and was considered to be less expensive in terms of time spent collecting data. Brink & Wood (1988)

identify additional advantages of written questionnaires as assisting in ensuring respondent anonymity, and the provision of standard questions that are not susceptible to changes in emphasis from one subject to the next. Disadvantages to written questionnaires involve the possibility that the questions will be interpreted differently by different readers, low return rates, and little opportunity for clarification regarding the intent or meaning of the questions. According to Witkin (1984) however, surveys are useful tools for gathering opinions about status and standards, which are two major elements of needs assessment.

This descriptive survey of the self-reported professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model was conducted using a three part questionnaire: the Nurse Educator Professional Development Need Survey (See Appendix A). This survey is a modified version of the Diploma Nurse Educator Professional Development Need Survey developed by Scarlett (1989). Verbal and written consent were obtained from the author to make modifications that would elicit information directly related to perceptions of nurse educators working within the Collaborative program regarding their professional development needs. Modifications made involved deleting four items from the demographic section related to: area of teaching responsibility, size of school, other nursing service responsibilities, and type of nursing program. This information was believed to be superfluous to the current study. Two items were added: experience in the development of the ERDNP:CM and preferences for formats of professional development activities. In the section relating to knowledge and skills involved

in the role of nurse educator changes were made to more accurately reflect the ERDNP:CM. Categories of knowledge/skills were reorganized, items deleted and items added. In section three, two completely different items were used as open-ended response questions relating to participation in professional development activities. These modifications were made to accommodate the use of a different population, and based on a review of the literature related to needs assessment in continuing nursing education.

The Nurse Educator Professional Development Needs Survey consists of three sections: demographic (7 items), nurse educator knowledge/skills (76 items), and factors influencing participation in professional development activities (2 items).

Section I asked for information related to 7 personal and professional variables: age, highest level of education, teaching experience in nursing, type and category of employment, experience in the development of the ERDNP:CM, and preferences for format of professional development activities. This background information was used to assist exploration of the relationship between the demographic variables and respondent's perceptions of professional development needs.

Section II was designed to obtain information relating to perceived need for development in 11 knowledge and skill areas related to the nurse educator role in the ERDNP:CM. These include knowledge and skills related to: the organizational structure and function of the Edmonton and Red Deer Nursing Program: Collaborative Model, the curriculum, the adult learner, instruction in the classroom and clinical area, evaluation of clinical practice and classroom

theory, teaching strategies, interpersonal relationships, and professional development. Participants were asked to rate their "current" level and "desired" level of knowledge and skill on a five point Likert scale: "1" indicated little or no knowledge/skill in the specified areas; "2" indicated low knowledge/skill; "3" indicated medium level knowledge/skill; "4" indicated high knowledge/skill; and "5" indicated a very high level of knowledge/skill in the specified areas. A multiple response design was used because it facilitates identification of the discrepancy between respondents perceptions of their current level of knowledge and skill and the level of knowledge and skill they feel would be desirable in the nurse educator role. The discrepancy score for each item was considered indicative of the degree of perceived need for professional development. Additional space was provided under each general heading for respondents to identify in their own words any professional development needs not listed, and to clarify their choices.

Section III consisted of two open-ended response questions related to factors influencing participation in professional development activities. These were:

1. What factors would act as incentives to your participation in professional development activities?
2. What factors might act as barriers to your participation in professional development activities?

This section was developed to give respondents a chance to identify in their own words factors that influence their participation in professional development activities.

The survey instrument was color coded to assist in institutional identification. As the completed questionnaires were received they were immediately given identification numbers to facilitate access during data analysis.

The Nurse Educator Professional Development Needs Survey has face value in that the items make sense and appear as if they will give the information asked for and desired. Inclusion of knowledge and skills content in the instrument was based on a review of the previous study by Scarlett (1989) and on a careful review of current literature relating to professional development and the nurse educator role. A panel of four experts on the development of the Edmonton and Red Deer Nursing Program: Collaborative Model were asked to review the instrument to judge its appropriateness and whether it would yield the data it is supposed to (see Appendix B). Based on feedback from this group of experts modifications were made to the instrument relating to item clarification in the knowledge and skills section and format. Specific concerns were expressed regarding the visual format of current/desired alternatives. In response to these concerns, the size of print and line spacing involving these alternatives were decreased.

Pilot Study

The modified questionnaire was piloted in early December of 1992 at Grande Prairie Regional College, Department of Nursing Education and Rehabilitation Services. Permission to do the pilot was obtained by contacting the Chairperson, Department of Nursing Education and Rehabilitation Services

at Grande Prairie Regional College by telephone and later by follow-up letter (see Appendix B). The nature of the pilot was explained and a request was made to have copies of the questionnaire and a cover letter (see Appendix B) explaining the pilot delivered to six nurse educators interested in participating in this phase of the study. The covering letter explained that the purpose of the pilot study was to assess the organization of the instrument, the clarity of the questions, the amount of time required to complete the questionnaire and to whether any items needed to be added or deleted. Packages containing the cover letter, a copy of the questionnaire, and a stamped, self-addressed envelope were delivered to the Chairperson, Grande Prairie Regional College Department of Nursing Education and Rehabilitation to be distributed amongst nurse educators interested in participating in the pilot study. Volunteers were asked to return the questionnaires in the stamped, self-addressed envelope provided. All pilot study instruments were returned within three weeks of distribution.

The instrument was modified in several areas based on feedback from participants in the pilot study. In order to reflect whether respondents were in administrative or teaching positions or both, an additional item, category of employment, was added to the demographic section. In the knowledge and skills section introductory questions reflecting the nature of area being explored were added at the beginning of each category to facilitate respondent understanding. A boxed, highlighted example of the Likert scale responses was inserted at the beginning of every category as well. In order to facilitate ease of reading, the section involving knowledge of the organizational structure and

function of the Collaborative Program was realigned. Finally all section and item headings were highlighted for emphasis and the size of type was again downsized to decrease the number of pages in the questionnaire.

The Data Collection Procedure

Permission to conduct the research project was requested and obtained from the Administrative Council and the Evaluation and Research Committee of the Edmonton and Red Deer Nursing program: Collaborative Model, in January of !993 (see Appendix B). Packages containing a summary of the research proposal and ethical considerations, the research proposal, a copy of the questionnaire and a letter requesting permission to access nurse educators (See Appendix B) were sent to the Deans/Directors/Chairs of participating institutions. The nature of the proposed research was explained and permission to access nurse faculty at each site was requested.

Permission to proceed with the study was received from five of the six institutions by the end of February, 1993. Because of time constraints it was necessary to begin data collection at these sites immediately upon receiving approval. At the beginning of May, 1993 the sixth institution indicated willingness to participate in the study, however by this time data from the other institutions had been collected and data analysis had already begun. In view of the existing time constraints and the time required for administering and receiving the questionnaires through the mail it was no longer possible to

include the sixth institution. This meant a loss of feedback from approximately 50 possible respondents.

In March 1993, the required number of packages were delivered to four of the five participating institutions for distribution. Each package contained a cover letter (see Appendix B), the survey instrument, and a stamped, self-addressed return envelope. The cover letter explained the purpose of the investigation, the procedure for completing the questionnaire and provided instructions for its return. The letter also assured participants of their anonymity and the confidentiality of the information. Participants were advised that each questionnaire would be given a code number to identify the institution of origination so that summarized data could be made available for program planning should specific institutions request this, and that only aggregate data would be published in the thesis. The letter indicated that participation in the study was voluntary.

At the request of the fifth institution the researcher provided a brief oral presentation of the study to nurse educators during a faculty meeting in March 1993 at that institution. On meeting with this group the researcher explained the purpose of the investigation, and the procedure for completing the questionnaires. Packages containing the cover letter, the instrument, and a stamped return envelope were then distributed to each nurse educator.

Brink and Wood (1988) note that a disadvantage of using mailed questionnaires relates to poor return rate. The provision of stamped return envelopes and the use of reminder letters are specific strategies that will facilitate the return of written questionnaires (Leedy, 1989). In an attempt to

accomplish this, each respondent was provided with a stamped, addressed return envelope. Reminder letters were sent to each participant in mid-April 1993 and additional copies of the questionnaire package were left at each institution in case potential participants had misplaced their original copies.

Table 3.1

Distribution and Return of Survey Instrument

	Distribution	Return	
Nursing Institutions	n	n	% Return
#1	70	21	20.2
#3	36	27	26.0
#4	28	19	18.3
#5	48	20	19.2
#6	26	17	16.3
Total	208	104	100.0

% = percentage

Table 3.1 outlines information related to the distribution and return of questionnaires. A total of 208 questionnaires were delivered to five institutions. By the end of April 113 questionnaires had been returned. Nine questionnaires were discarded. Of these nine, six were discarded because they were incomplete. The explanations given for incomplete surveys included: (a) respondents found instructions in the questionnaire confusing and did not feel

they could answer it correctly (n=3), and (b) respondents no longer considered themselves part of the Collaborative Program (n=3). Three questionnaires were discarded because they were inappropriately (n=1) or partially (n=2) completed. The total sample size thus consisted of 104 questionnaires. This represented a response rate of 50%. Leedy (1987), notes that while there is no simple way to answer the question of what percentage of response will insure a valid survey, a low response rate may introduce serious bias.

Limitations

The major limitations of this study were as follows:

1. This study involved respondent's self-reported information. Scores may be skewed because respondents were unable to accurately assess their own level of performance, or because they were not honest about their level of performance.
2. Participation in the study was voluntary.
3. The loss of 50 potential respondents and a low response rate of 50% may have resulted in a sample that may not be representative of all nurse educator's within the ERDNP:CM.
4. It was not possible to determine whether every item in the questionnaire was interpreted consistently by all respondents.

Delimitations

The major delimitations of this study were as follows:

1. In order to ensure anonymity within this limited sample (both the number of

institutions and the number of participants), it was decided in the design of the study to make no comparisons among institutions participating in the ERDNP:CM.

2. The study was undertaken at a very busy time in the academic year for nurse educators within the ERDNP:CM. This may have contributed to a lower than anticipated response rate.
3. The study was limited to analytical procedures of central tendency (frequencies, means, minimum maximum discrepancy scores), and statistical significance tests (Chi square, probability).
4. The study focused only on aggregate data representing nurse educators perceived professional development needs. Student and administrator perceptions of nurse educator professional development needs were not addressed.

Data Analysis

In May, 1993, after being examined by the researcher to ensure correct completion, the data from Section I, II, and III of the questionnaires were input at the University of Alberta by the Center for Research and Applied Measurement and Evaluation. The data were computed using The Statistical Package for the Social Sciences (SPSS-X, Release 3.0).

Demographic Profile of Nurse Educators

The demographic data for nurse educators were analyzed in terms of frequencies and percentage distributions for age, teaching experience, highest

level of education, type of present employment, category of employment, participation in development of the Collaborative Curriculum, and preferred format for professional development activities.

Perceptions of Knowledge/Skills Related to the Nurse Educator Role

Data from Section II were analyzed in terms of mean discrepancy scores and standard deviations. This data related to nurse educator perceptions of current and desired level of performance in 11 areas including knowledge and skills related to: the structure and function of the Edmonton and Red Deer Nursing Program: Collaborative Model, the curriculum, the adult learner, instruction in the classroom and clinical area, evaluation of clinical practice and classroom theory, teaching strategies, interpersonal relationships, and professional development. Mean discrepancy scores calculated for all items in Section II were used to indicate the degree of perceived need for professional development. Each mean discrepancy score consisted of the mean desired level of performance minus the mean current level of performance indicated by respondents. The higher the score the greater the perceived need for professional development for that particular item. In order to facilitate understanding and discussion of the findings, averages for mean discrepancy scores in each of the 11 categories were calculated. Chi-square tests were computed to determine whether there were significant relationships between nurse educator's perceived needs for professional development and the age, teaching experience and level of education variables. Data were collapsed to facilitate analysis and reporting.

Perceived Incentives and Barriers to Participation

Data from Section III were analyzed using the process of content analysis. This analysis involved grouping the responses to three open ended questions: (1) what factors would act as incentives to your participation in professional development activities, (2) what factors might act as barriers to your participation in professional development activities, and (3) other comments related to professional development within the Collaborative Program. Responses to each question were grouped according to "themes". The term "theme" represents data grouped around a central issue related to the question (Brink & Wood, 1988). Theme categories were initially as broad as possible without overlapping. Concepts or quotes were copied onto cards and sorted by placing them in large brown envelopes labeled with the appropriate category. As the envelopes were filled, the cards within were again sorted into smaller categories. This procedure allowed the data to remain manageable and permitted the establishment of subcategories derived from the larger domain (Field and Morse, 1985). Frequency counts were made for the categories developed. Information obtained from this section was compared with the literature relating to incentives and barriers to participation in professional development activities. Inferences were made where applicable.

Summary

The purpose of this descriptive study was to obtain information about the professional development needs of nurse educators working within the Edmonton and Red Deer Nursing Program: Collaborative Model. The target

population consisted of all nurse educators who taught full-time, part-time or on a sessional basis in five of the six institutions involved in the ERDNP:CM. The overall response rate to the questionnaire was 50%.

The SPSS-X program was used to process data from the questionnaires. Percentage and frequency distributions were used to summarize findings related to the respondent's age, level of education, teaching experience in nursing, experience in the development of the Collaborative Program, and preferred format for professional development activities. Mean discrepancy scores were calculated for all items in Section II to indicate the degree of perceived need for professional development. These scores were calculated by subtracting the mean scores for current level of knowledge/skill from the mean scores for desired level of knowledge/skill indicated for each item. Averages for mean discrepancy scores in each of the 11 categories were calculated. Chi-square tests were computed to determine whether there were significant relationships between nurse educator's perceived needs for professional development and the age, teaching experience and level of education variables.

Data from the open-ended responses were analyzed using content analysis. The data were examined for "themes" and categories of response were developed from these themes. Frequency counts were made of the categories developed (Brink & Wood, 1988). Information from the open-ended questions was compared with the literature and inferences were made where applicable.

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

This chapter presents findings relating to perceptions of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model regarding: (1) their professional development needs, and (2) factors that act as incentives or barriers to their participation in professional development activities.

The first section provides a demographic profile of nurse educators participating in the study. The next section describes perceptions of nurse educators regarding their professional development needs in the following eleven areas: the organizational structure and function of the Edmonton and Red Deer Nursing Program: Collaborative Model, the curriculum, the adult learner, instruction in the classroom and clinical area, evaluation of clinical practice and classroom theory, teaching strategies, interpersonal relationships, and professional development. This section also examines the relationship between the mean discrepancy scores of knowledge/skills categories and three variables: age, teaching experience, and level of education. These variables were chosen because they have been documented as variables having the potential to influence professional development needs.

The final section discusses nurse educator responses to open ended questions concerning incentives and barriers that influence participation in professional development activities.

Demographic Profile of Nurse Educators

In Section I of the survey instrument nurse educators were asked to provide information relating to personal and professional variables (see Appendix A for instrument). These variables included: age, highest level of education, teaching experience in nursing, type and category of employment, experience in the development of the ERDNP:CM, and preferences for format of professional development activities. Table 4.1 presents findings for the variables age, highest level of education, teaching experience in nursing, and type and category of employment. (Percentages from all tables are rounded off for discussion in this chapter).

As can be seen from Table 4.1, the majority (77%) of nurse educators reporting in the study are between 35 and 50 years of age. Thirty-two percent are between 35-40; 26% between 41-44; and 19% between 45-50. Only 10% were below 34 years of age, while 14% were over 50. When asked to indicate their highest level of education either completed or in progress, 49% of the respondents indicated a master's degree, while 11% indicated a doctorate. Forty-one percent of the respondents listed baccalaureate as their highest level of education. Most respondents (81%) indicated more than six years of teaching experience and 83% work on a full-time basis in teaching. Eighty-seven percent of respondents were teachers and 3% of the respondents indicated they were primarily involved in administration. Ten percent indicated involvement in both teaching and administration. In examining these data it becomes evident that the majority of nurse educators in this study were well educated and had a considerable amount of life and work experience.

Table 4.1

Nurse Educators' Personal and Professional Variables

Variable	n	%
1. Age (n=104)		
25-30 years	5	5
31-34	5	5
35-40	33	32
41-44	27	26
45-50	20	19
51-54	6	6
55-plus	8	8
2. Teaching Experience (n=101)		
0-2 years	5	5
3-5	15	15
6-10	28	28
11-15	26	26
Over 15	27	27
3. Highest Level of Education (n=103)		
Baccalaureate	42	41
Master's	50	49
Doctorate	11	11
4. Type of Present Employment (n=101)		
Full-time	84	83
Part-time	7	7
Sessional	10	10
4. Category of Employment (n=101)		
Teaching	88	87
Administration	3	3
Teaching and Administration	10	10

Data relating to nurse educator participation in the development of the Collaborative Program are found in Table 4.2. The majority of respondents indicated moderate to high participation in course development within the program. Seventy-five percent of the participating nurse educators indicated involvement in course development activities within their own institutions and 56% were involved in inter-institutional Course Development Task Groups. Over one half of the respondents (56%) indicated involvement in faculty development activities. Areas with low levels of participation included the Task Force (73%) and Standing Committees (60%). It is important to note that both the Task Force and Standing Committees were composed of small groups of representatives from each institution involved in the Collaborative program, and that their membership was relatively stable. There may have been little opportunity for others to be involved in these areas.

Table 4.2

Participation in Development of the Collaborative Program *

	None to Low		Moderate to High	
	n	%	n	%
In-house Course Development	25	24	78	75
Course Development Task Groups	41	40	58	56
Faculty Development Activities	37	38	58	56
Standing Committees	62	60	31	30
Task Force	76	73	12	12

N = 104

* Totals do not equal 104 due to missing cases

Table 4.3 presents data related to the preferred format of professional development activities by first, second and third choices. A conference format was chosen by 51% of respondents as a preferred format, while 18% indicated credit course, and 11% indicated organized discussion. As a second choice, organized discussion was chosen by 29% of respondents, conference by 21%

Table 4.3

Preferred Format for Professional Development Activities

	Order of Choice						
	1		2		3		Total
Type of Format	n	%	n	%	n	%	n
Conference	48	51	20	21	7	8	75
Organized Discussion	10	11	27	29	11	12	48
Credit Course	17	18	9	10	7	8	33
Self-Directed Learning	8	9	10	11	8	9	26
Reading	-----		6	6	18	19	24
Informal Discussion	6	6	4	4	13	14	23
Peer Instruction	1	1	7	8	7	8	15
Lecture	1	1	4	4	7	8	12
Non-credit Course	-----		5	5	6	6	11
Tutor	2	2	1	1	3	3	6
Video	-----		1	1	3	3	4
Programmed Instruction	-----		-----		3	3	3
Computer Assisted Learning	1	1	-----		1	1	2

N=104

and self-directed learning by 11%. Reading was the highest ranked third choice for 19% of the respondents, with informal discussion chosen by 14% and organized discussion by 12%.

An examination of first, second, and third choices combined revealed that a conference format was preferred by a majority of respondents (n=75). Organized discussion was the next preferred format for 48 nurse educators and credit course was the third most frequently chosen for 33 people. Formats for professional development activities that were the least popular involved tutors, video, programmed instruction, and computer assisted learning (as indicated by six or fewer responses).

Professional Development Needs

Nurse educators were asked to rate their current and desired level of knowledge and skill in eleven categories (76 items) related to the nurse educator role. In order to identify professional development needs within the Collaborative Program, a comparison was made between current and desired levels of performance. Discrepancy scores were calculated by subtracting the scores of desired and current items listed in each of the categories. The discrepancy score can be considered an indication of perceived need for professional development: the larger the discrepancy score, the greater the perceived need. For example, if the respondent indicated a current level of performance as 1 (none to low), and a desired level of performance of 4 (high), they would have a discrepancy score of 3. On the other hand if a respondent indicated a current level of performance of 4 (high) and a desired level of performance of 1 (none or low) the discrepancy score

would be -3. The range of discrepancy scores for each category are reported in each section. The following eleven sections report the mean discrepancy scores and standard deviations for items in each section.

The Collaborative Program

In order to assess nurse educator knowledge of planning and decision-making processes within the ERDNP:CM, the first category involved organizational structures within the program and the functions of these structures. Tables 4.4 and 4.5 present mean discrepancy scores within these areas listed in descending order and standard deviations of the discrepancy scores. Discrepancy scores for organizational structure ranged from -2 to 4. The range of discrepancy scores in the organizational function category was -2 to 4.

Table 4.4
Mean Discrepancy Scores Relating to Knowledge of Organizational Structure of the Collaborative Program.

Item	Mean	SD
Communication and Information Committee	1.37	1.16
Clinical Placement Committee	1.09	1.21
Evaluation and Research Committee	1.01	1.23
Curriculum Committee	0.95	1.18
Faculty Development Committee	0.94	1.18
Advisory Board	0.92	1.04
Administrative Council	0.90	1.08

Table 4.5

Mean Discrepancy Scores Relating to Knowledge of Organizational Function of the Collaborative Program.

Item	Mean	SD
Communication and Information Committee	1.37	1.25
Advisory Board	1.07	1.08
Administrative Council	1.07	1.07
Evaluation and Research Committee	1.05	1.25
Faculty Development Committee	1.02	1.18
Curriculum Committee	1.01	1.14
Clinical Placement Committee	0.94	1.18

Nurse educators within the Collaborative Program appeared to have knowledge of the organizational structure and function of the program. Mean discrepancy scores for knowledge of organizational structure ranged from 1.37 to 0.90, and for knowledge of organizational function from 1.37 to 0.94. An examination of the range of standard deviations for organizational structure (1.23 to 1.18) and function (1.25 to 1.18) revealed that scores varied for each item in these groups. This variation may reflect different individual levels of participation in the development of the Collaborative Program, and thus different levels of knowledge regarding the program.

The greatest need for professional development occurred in relation to understanding both the structure and function of the Communication and Information Committee (M=1.37 for both) within the Collaborative Program. Mean discrepancy scores for the remaining items indicated more need for information

about the function of the Advisory Board, Administrative Council, Evaluation and Research Committee, Faculty Development Committee and Curriculum Committee than for information related to structure. Respondents indicated a slightly greater need for information relating to the structure of the Clinical Placement Committee than its function.

The Collaborative Curriculum

Table 4.6 presents findings related to knowledge and skill associated with the Collaborative Curriculum. The range of discrepancy scores in this category was -4 to 4. Mean discrepancy scores in this category ranged from 1.44 to 0.69. Standard deviations for these scores ranged from 1.02 to 1.15, indicating variability in the responses for each item. This suggests a difference between nurse educators in the amount of expertise they perceived themselves as having in these areas.

Table 4.6
Mean Discrepancy Scores Relating to Knowledge of the Collaborative Curriculum

Items	Mean	SD
Integrating content related to critical thinking.	1.44	1.06
Organizing content within the curriculum.	1.28	1.08
Integrating health promotion/primary health care content.	1.23	1.15
Identifying content relevant to the curriculum.	1.10	1.06
Integrating content related to ethics in nursing.	1.10	1.15
Helping students understand the relevance of content.	0.97	1.08
Knowing the goals of the collaborative curriculum.	0.77	1.02
Developing course objectives.	0.69	1.08

The item in which nurse educators indicated the most need for professional development involved curricular integration of content dealing with critical thinking (M=1.44). The next highest perceived need for development (M=1.28) involved the organization of content within the curriculum. Integration of content related to health promotion and primary health care ranked third (M=1.23). Nurse educators generally indicated less need regarding their knowledge of the goals of the collaborative curriculum, and their ability to help students understand the relevance of content within the curriculum. The lowest mean discrepancy score involved the ability to develop course objectives within the program (M=0.69).

The Adult Learner

An examination of the differences between scores for perceived current and desired levels of knowledge/skill related to adult learners resulted in the findings displayed in Table 4.7.

Table 4.7
Mean Discrepancy Scores for Knowledge/Skills Relating to Adult Learners

Item	Mean	SD
Understanding incentives to adult learning.	0.97	0.93
Incorporating learner experience into instruction.	0.90	1.00
Understanding barriers too adult learning.	0.88	1.00
Understanding how to meet adult learning needs.	0.76	0.97
Knowing how to apply the principles of adult learning.	0.67	1.08

Discrepancy scores in this category ranged from -4 to 3 and standard deviations from 0.93 to 1.08. Mean discrepancy scores ranged from 0.67 to 0.97. In general, respondents appeared to perceive less need for professional development relating to adult learners, as indicated by mean scores of less than 1.0. Areas indicating the least perceived need involved understanding how to meet adult learning needs (M=0.76), and knowing how to apply the principles of adult learning (M=0.67). The highest discrepancy score or greatest perceived need for development (M=0.97) related to understanding incentives to adult learning.

Classroom Instruction

Findings related to perceived knowledge and skill in classroom instruction are presented in Table 4.8. The range of discrepancy scores in this category was -4 to 4. Standard deviations in this category ranged from 0.86 to 1.05. Mean discrepancy scores relating to classroom instruction ranged from 1.36 to 0.88, however, of the seven items listed, only one item had a mean discrepancy score less than 1.00. The findings suggest a general need for professional development in this area. Areas in which there was a higher perceived need for professional development included promoting self-directed learning (M=1.36), developing strategies to motivate learners (M=1.27), developing interesting teaching materials (M=1.26), and involving learners in instruction (M=1.15). Areas with the lowest mean discrepancy scores indicating the least need for professional development involved presenting stimulating lectures (M=1.09), using a variety of instructional techniques (M=1.03), and creating a favorable learning environment (M=0.88).

Table 4.8

Mean Discrepancy Scores for Knowledge/Skills Relating to Classroom Instruction

Item	Mean	SD
Promoting self-directed learning.	1.36	1.05
Developing appropriate strategies to motivate learners.	1.27	0.92
Developing interesting teaching materials.	1.26	0.96
Involving learners in instruction.	1.15	0.86
Presenting stimulating lectures.	1.09	0.92
Knowing how to use a variety of instructional techniques.	1.03	0.93
Creating a favorable learning environment.	0.88	0.98

Clinical Instruction

Table 4.9 presents data related to respondents perceived need for professional development in the category of clinical instruction. Discrepancy scores ranged from -3 to 4. Standard deviations for scores in this category ranged from 0.71 to 0.93. A comparison of mean discrepancy scores revealed a high score of 1.36 and a low score of 0.70, with only one of seven scores in this category above 1.00. The greatest need for professional development involved assisting students to apply research to clinical practice (M=1.36). Less of a need was apparent in relation to areas such as assisting students to apply theory to clinical practice, providing constructive feedback, organizing clinical learning activities and creating a climate that facilitates learning. The least need for professional development occurred in relation to competence in the clinical setting (M=0.80) and identifying necessary clinical skills (M=0.70).

Table 4.9

Mean Discrepancy Scores for Knowledge/Skills Relating to Clinical Instruction

Item	Mean	SD
Assisting students to apply research to clinical practice.	1.36	0.86
Assisting students to apply theory in clinical practice.	0.91	0.86
Providing constructive feedback.	0.89	0.71
Organizing clinical learning activities.	0.86	0.85
Creating a climate that facilitates learning.	0.83	0.76
Demonstrating competence in the clinical setting.	0.80	0.91
Identifying necessary clinical skills.	0.70	0.93

Classroom Evaluation

Data related to perceived need for professional development in the area of classroom evaluation are presented in Table 4.10. In this category, discrepancy scores ranged from -4 to 4. Standard deviations ranged from 0.90 to 1.10. Mean discrepancy scores for the five items listed under classroom evaluation ranged from 1.28 to 0.96. Of these scores, four are greater than 1.00, suggesting an overall need for professional development in this area. Nurse educators appeared to be most interested in developing their knowledge and skills regarding the use of a variety of assessment strategies in the classroom setting (M=1.28); the assessment of seminar presentations (M=1.14), and the construction of test items (M=1.11). There appeared to be less perceived need for professional development related to grading written assignments (M=1.05) and providing students with constructive feedback (M=0.96).

Table 4.10

Mean Discrepancy Scores for Knowledge/Skill Relating to Classroom Evaluation

Item	Mean	SD
Using a variety of assessment strategies.	1.28	0.91
Assessing seminar presentations.	1.14	1.06
Constructing test items.	1.11	1.09
Grading written assignments.	1.05	0.90
Providing constructive feedback.	0.96	0.91

Clinical Evaluation

Table 4.11 presents data related to the knowledge/skill category of clinical evaluation. This appears to be another area in which respondents perceive less need for professional development activities. For the six items in this category, discrepancy scores ranged from -2 to 4 with standard deviations ranging from 0.84 to 1.02. Mean discrepancy scores ranged from 0.94 to 0.80. Areas of highest perceived need for development included providing clearly defined expectations (M=0.94) and accommodating subjective assessments (M=0.94). Respondents indicated less of a need for professional development in areas concerned with writing anecdotal records, provision of constructive feedback, and provision of formative evaluations (M=0.85). The area where respondents indicated the least perceived need related to writing summative evaluations (M=0.80).

Table 4.11

Mean Discrepancy Scores for Knowledge/Skill Relating to Clinical Evaluation

Item	Mean	SD
Providing clearly defined expectations.	0.94	0.90
Accommodating subjective assessments.	0.94	0.95
Writing pertinent anecdotal records.	0.85	1.02
Providing constructive feedback.	0.85	0.85
Providing formative evaluations.	0.85	0.92
Providing written summative evaluations.	0.80	0.84

Teaching Strategies

Data describing perceived need for professional development related to teaching strategies are presented in Table 4.12. Findings in this category suggested a perceived need for professional development activity related to a variety of teaching strategies. The range of discrepancy scores was -4 to 4. Standard deviations for the scores ranged from 0.90 to 1.28. Mean discrepancy scores ranged from 0.97 to 1.70, with all but one of the scores greater than 1.00. Strategies in which the highest discrepancy scores were reported involved: interactive video (M=1.70), problem-based learning (M=1.61), critical questioning (M=1.49) and computer-assisted learning (M=1.39). A need for professional development was also indicated for strategies such as contracting (M=1.27), simulations (M=1.2[illegible] journal writing (M=1.23), and programmed learning (M=1.21). Strategies with the lowest discrepancy scores included: the use of guided practice (M=1.15), case studies (M=1.14), seminars (M=1.11) and role-playing (M=0.97).

Table 4.12

Mean Discrepancy Scores for Knowledge/Skill Relating to Teaching Strategies

Item	Mean	SD
Interactive Video	1.70	1.28
Problem-based Learning	1.61	1.03
Critical Questioning	1.49	0.92
Computer-Assisted Learning	1.39	1.17
Contracting	1.27	1.07
Simulations	1.27	1.06
Journal Writing	1.23	1.10
Programmed Learning	1.21	1.21
Guided Practice	1.15	0.98
Case Studies	1.14	0.90
Seminars	1.11	0.92
Role-playing	0.97	1.12

Interpersonal Relationships

Table 4.13 presents data related to nurse educator perceptions regarding the need for professional development in the area of interpersonal skills. Discrepancy scores in this category ranged from -4 to 4 with standard deviations ranging from 0.79 to 0.80. Mean discrepancy scores for the five items ranged from 0.64 to 0.84, suggesting that respondents perceived less need for professional development activities in this area. The highest mean discrepancy scores occurred in items dealing with facilitating growth toward independent practice (M=0.84) and

Table 4.13

Mean Discrepancy Scores for Knowledge/Skill Relating to Interpersonal Relationships.

Item	Mean	SD
Facilitating growth toward independent practice.	0.84	0.81
Giving constructive feedback.	0.82	0.79
Using effective communication skills.	0.71	0.89
Accommodating individual differences in students.	0.67	0.93
Understanding effect of stress on student performance.	0.64	0.80

giving constructive feedback (M=0.82). Respondents indicated less perceived need for professional development in areas related to using effective communication skills (M=0.71), accommodating individual differences in students (M=0.67) and understanding the effect of stress on student performance (M=0.64).

Professional Growth

The last category in the knowledge/skills section dealt with eight items related to professional growth in various aspects of the academic role. Table 4.14 presents findings for nurse educators perceived need for professional development in this area. The range of discrepancy scores in this category was -4 to 4. Standard deviations for the scores ranged from 1.34 to 0.89. Variation in responses to these items may reflect differing levels of experience and education. Mean discrepancy scores for the eight items relating to professional growth ranged from 1.65 to 0.76. The three items in which the greatest need for professional

Table 4.14

Mean Discrepancy Scores for Knowledge/Skill Relating to Professional Growth

Item	Mean	SD
Writing for publication.	1.65	1.23
Submitting grant proposals.	1.51	1.23
Conducting research.	1.48	1.34
Understanding how to deal with work related stress.	1.14	1.29
Using effective communication skills with peers.	0.94	0.98
Maintaining clinical proficiency.	0.93	1.02
Using self-evaluation to improve performance.	0.77	0.97
Using feedback from students and/or peers to improve performance.	0.76	0.89

development was indicated included: writing for publication (M= 1.65), submitting grant proposals (M=1.51), and conducting research (M=1.48). Areas in which less need for development was indicated include: effective communication with peers (M=0.94), clinical proficiency (M=0.93), self-evaluation (0.77), and using feedback from students/peers to improve performance (M=0.76).

Need for Professional Development in Knowledge/Skill Categories

In order to achieve an indication of relative need across specific knowledge and skill categories from the data reported in the previous sections, the averages for all mean discrepancy scores in each category were compared. Data related to these comparisons are presented in Table 4.15.

Table 4.15

Mean Discrepancy Scores for Each Knowledge/Skill Category.

Knowledge/Skill Category	Mean	SD
Teaching Strategies	1.29	0.73
Classroom Instruction	1.15	0.79
Professional Growth	1.14	0.81
Classroom Evaluation	1.09	0.81
Collaborative Curriculum	1.06	0.78
Organizational Structure	1.03	0.93
Organizational Function	1.03	0.93
Clinical Instruction	0.88	0.66
Clinical Evaluation	0.87	0.81
Adult Learners	0.82	0.87
Interpersonal Relationships	0.73	0.68

Mean discrepancy scores for the eleven categories ranged from 1.29 to 0.73. Standard deviations ranged from 0.66 to 0.93. As can be seen, the area in which the greatest need for professional development was indicated involved the use of specific teaching strategies (M=1.29). This finding may reflect the move to a professional model of education and the resulting need to be familiar with teaching strategies that stimulate critical, independent, and creative thinking. There was also a perceived need for professional development activities involving classroom instruction (M=1.15) classroom evaluation (M=1.0) and activities in the area of professional growth (M=1.14). Findings in this area suggest that nurse educators perceived scholarly activity as an important part of the academic role. There was

less perceived need for development related to knowledge of the Collaborative curriculum (M=1.06), and the organizational structure and function of the Collaborative Program (1.03). The lowest discrepancy scores occurred in categories relating to clinical instruction (M=0.88), clinical evaluation (M=0.87), adult learners (M=0.82) and interpersonal relationships (M=0.73).

Perceived Need for Professional Development and Demographic Variables

Chi Square analysis was used to explore relationships among perceived need for professional development and three demographic variables. Mean discrepancy scores for each of eleven knowledge/skill categories were examined across the variables age, level of education, and years of teaching experience. The chi square statistic was computed by comparing observed frequencies in the collected data and frequencies that would be expected if there were no relationship between the two variables. For the purposes of this study the null hypothesis of no association between the two variables was tested at a probability level of 0.05 or less. The chi square test is based on an approximation that works best when the expected frequencies are fairly large (Shott, 1990). In an attempt to ensure sufficiently large expected frequencies, scores were collapsed in every variable except level of education. Mean discrepancy scores in the knowledge/skill categories were divided into two groups: scores of 0.99 or less (Low) and those of 1.00 or higher (High). Age ratings were combined into three groups: 21 - 34 years, 35 - 44 years, and greater than 44 years. Years of teaching experience were combined into four groups: 0-5 years, 6-10 years, 11-15 years, and greater than 15 years.

Age and Perceived Need for Professional Development

The results of cross-tabulation between age groups and mean discrepancy scores for each category of knowledge/skill are presented in Table 4.16. The findings suggest a relationship between age and perceived need for professional development related to clinical instruction. The Chi square value was 7.14, with a probability value of 0.03. Percentages listed in the cross-tabulation between age and clinical instruction indicated a higher perceived need for development among younger nurse educators. Eighty percent of nurse educators between the ages of 21-35 years of age scored a high need for professional development, as opposed to 44% between the ages of 35-44 and 32% of nurse educators over the age of 44. The percentage of nurse educators scoring a high need for professional development related to clinical instruction consistently decreased as years of age increased. The issue of age and experience in the clinical area may be related. Younger nurse educators may have had less opportunity for clinical practice and less practical experience teaching in the clinical setting. Less experience in the clinical setting might result in a greater need for information related to clinical instruction.

It must be noted that the presence of one cell (n=2) with an expected frequency of fewer than five may mean that the results of the chi square are overinflated.

Table 4.16

Mean Discrepancy Scores of Knowledge/Skill Categories by Age of Respondents

	Age							
	21-34		35-44		45 >			
Discrepancy Score	n	%	n	%	n	%	X^2	P
Collaborative Program								
Low	4	40.0	29	48.3	20	58.8		
High	6	60.0	31	51.7	14	41.2	1.49	0.48
Collaborative Curriculum[a]								
Low	2	20.0	30	50.8	19	55.9		
High	8	80.0	29	49.2	15	44.1	4.08	0.13
Adult Learners[a]								
Low	3	30.0	30	50.8	18	52.9		
High	7	70.0	29	49.2	16	47.1	1.73	0.42
Classroom Instruction[a]								
Low	1	10.0	21	35.0	15	45.5		
High	9	90.0	39	65.0	18	54.5	4.24	0.12
Clinical Instruction[a]								
Low	2	20.0	33	55.9	23	67.6		
High	8	80.0	26	54.1	11	32.4	7.14	0.03*
Classroom Evaluation								
Low	2	20.0	20	33.3	15	44.1		
High	8	80.0	40	66.7	19	55.9	2.28	0.32
Clinical Evaluation[a]								
Low	4	40.0	26	43.3	20	60.6		
High	6	60.0	34	56.7	13	39.4	2.87	0.24
Teaching Strategies								
Low	1	10.0	24	40.0	11	32.4		
High	9	90.0	36	60.0	23	67.6	3.52	0.17
Interpersonal Skills								
Low	6	60.0	32	53.3	22	64.7		
High	4	40.0	28	46.7	12	35.3	1.17	0.56
Professional Growth								
Low	5	50.0	23	38.3	14	41.2		
High	5	50.0	37	61.7	20	58.8	0.50	0.78

Low - < to 0.99 High - 1.00 to >

N = 104

[a] missing 1

* significant at 0.05 or less

Teaching Experience and Perceived Need for Professional Development

Table 4.17 presents data related to cross-tabulation between years of teaching experience and mean discrepancy scores for each of the eleven knowledge/skill categories related to the nurse educator role. The only area in which results were statistically significant involved teaching experience and the need for professional development related to knowledge of the organizational structure and function of the Collaborative Program. An examination of the relationship between these two variables revealed a chi square value of 8.59 with a significance level of 0.04. Sixty-five percent of nurse educators with five or less years of teaching experience indicated a greater need for knowledge related to the organizational structure and function of the Collaborative program. Conversely, only 26% of nurse educators with over 15 years of teaching experience indicated a high need for professional development in this area.

These findings suggest that the need for information related to the organizational structure and function of the Collaborative Program decreased as a nurse educator's years of teaching experience increased. Nurse educators, as they work within one institution or a variety of institutions, appear to accumulate, over time, basic knowledge regarding the structure and function of educational programs that can be applied when new programs are developed. These findings might also be in part influenced by the fact that, typically, nurse educators with more years of experience are asked to participate in the early stages of development of new programs and curricula. There may be less of a need for information related to organizational structure and function if a nurse educator has participated in the design of these aspects of a program.

Table 4.17

Mean Discrepancy Scores of Knowledge/Skill Categories by Teaching Experience

	Years of Experience									
	0 - 5		6 - 10		11 - 15		15 or >			
Discrepancy Scores	n	%	n	%	n	%	n	%	X^2	P
Collaborative Program										
Low	7	35.0	14	50.0	11	42.3	20	74.1		
High	13	65.0	14	50.0	15	57.7	7	25.9	8.60	0.04*
Collaborative Curriculum										
Low	6	30.0	17	60.7	11	42.3	16	61.5		
High	14	70.0	11	39.3	15	57.7	10	38.5	6.49	0.09
Adult Learners[a]										
Low	7	35.0	14	50.0	13	50.0	16	61.5		
High	13	65.0	14	50.0	13	50.0	10	38.5	3.18	0.36
Classroom Instruction[a]										
Low	3	15.0	11	39.3	10	40.0	12	44.4		
High	17	85.0	17	60.7	15	60.0	15	55.6	5.00	0.17
Clinical Instruction[a]										
Low	7	35.0	15	55.6	19	73.1	17	63.0		
High	13	65.0	12	44.4	7	26.9	10	37.0	7.10	0.07
Classroom Evaluation										
Low	5	25.0	9	32.1	10	38.5	12	44.4		
High	15	75.0	19	67.9	16	61.5	15	55.6	2.14	0.54
Clinical Evaluation[a]										
Low	7	35.0	12	42.9	14	53.8	16	61.5		
High	13	65.0	16	57.1	12	46.2	10	38.5	3.87	0.27
Teaching Strategies										
Low	4	20.0	9	32.1	11	42.3	12	44.4		
High	16	80.0	19	67.9	15	57.7	15	55.6	3.69	0.29
Interpersonal Skills										
Low	7	35.0	16	57.1	17	65.4	18	66.7		
High	13	65.0	12	42.9	9	34.6	9	33.3	5.73	0.13
Professional Growth										
Low	7	35.0	10	35.7	11	42.3	12	44.4		
High	13	65.0	18	64.3	15	57.7	15	55.6	0.70	0.87

Low - < to 0.99 High - 1.00 to >

N = 101

[a] missing 1

* significance at <0.05

An examination of the cross-tabulation between years of experience and mean discrepancy scores for clinical instruction revealed a chi square value of 7.10 at a significance level of 0.07. While not statistically significant, these findings were considered meaningful. An examination of the percentages in each cell of the cross tabulation revealed that as years of teaching experience increased, the identified need for professional development related to clinical instruction decreased. These results supported the previous suggestion of a relationship between age and clinical instruction.

Level of Education and Perceived Need for Professional Development Activities

Data pertaining to the variables level of education and perceived need for professional development are presented in Table 4.18. Statistically significant findings occurred in three knowledge/skill categories: adult learners, clinical instruction, and teaching strategies. These findings, however, may have been influenced by the presence of one cell in each of the categories with an expected frequency of fewer than 5.

An examination of the data relating to level of education and mean discrepancy scores for adult learning revealed a chi square value of 6.17 with a significance level of 0.05. Sixty-four percent of nurse educators with a baccalaureate had high discrepancy scores indicating a high need for professional development in this area. Only 27% of nurse educators with a doctorate indicated high discrepancy scores for adult learning. As level of education increased there was a gradual decrease in the percent of respondents having high discrepancy

Table 4.18

Mean Discrepancy Scores of Knowledge/Skill Categories by Level of Education

	Level of Education							
	Bachelor		Master		Doctorate			
Discrepancy Score	n	%	n	%	n	%	X^2	P
Collaborative Program								
Low	18	42.9	28	56.0	6	54.5		
High	24	57.1	22	44.0	5	45.5	1.66	0.44
Collaborative Curriculum[a]								
Low	19	45.2	24	49.0	8	72.7		
High	23	54.8	25	51.0	3	27.3	2.67	0.26
Adult Learners[a]								
Low	15	35.7	27	55.1	8	72.7		
High	27	64.3	22	44.9	3	27.3	6.17	0.05*
Classroom Instruction[a]								
Low	11	26.2	18	36.7	7	63.6		
High	31	73.8	31	63.3	4	36.4	5.44	0.07
Clinical Instruction[a]								
Low	19	45.2	29	58.0	9	90.0		
High	23	54.8	21	42.0	1	10.0	6.74	0.03*
Classroom Evaluation								
Low	13	31.0	16	32.0	7	63.6		
High	29	69.0	34	68.0	4	36.4	4.47	0.11
Clinical Evaluation[a]								
Low	19	45.2	24	48.0	6	60.0		
High	23	54.8	26	52.0	4	40.0	0.71	0.70
Teaching Strategies								
Low	10	23.8	17	34.0	8	72.7		
High	32	76.2	33	66.0	3	27.3	9.30	0.01*
Interpersonal Skills								
Low	22	52.4	29	58.0	8	72.7		
High	20	47.6	21	42.0	3	27.3	1.50	0.47
Professional Growth								
Low	16	38.1	19	38.0	6	54.5		
High	26	61.9	31	62.0	5	45.5	1.12	0.57

Low - < to 0.99 High - 1.00 to >

N = 103

[a] missing 1

* significant at 0.05 or less

scores. With higher levels of education there appeared to be less need for information about adult learners. This relationship may reflect increased knowledge about adult learners obtained through specific courses taken as a part of the achievement of a higher degree. It may also reflect the fact that through the attainment of higher levels of education, individuals become increasingly aware of themselves and their experiences as adult learners and are able to apply this knowledge in their role as educators, or they may have received more professional development in this area.

The cross-tabulation of scores for perceived need for professional development related to clinical instruction and level of education revealed a chi square value of 6.74 at a significance level of 0.03. Only 10% of nurse educators with a doctoral degree indicated a high need for professional development in clinical instruction, as compared with 42% of those with masters and 55% of respondents with baccalaureate degrees. It appeared that with more education there was less of a need for development activities that deal with clinical instruction. These findings support those previously discussed relating clinical instruction to age and to years of experience. Instructors with higher levels of education were more confident about their ability to instruct in the clinical area.

There appeared to be a relationship between level of education and professional development related to teaching strategies. Findings related to these variables revealed a chi square value of 9.30 with significance at 0.01. Percentages for each of the variables revealed a gradual decrease in need for development related to teaching strategies as the level of education increased. Seventy-six percent of respondents with baccalaureate degrees indicated a high

need for such development as opposed to 60% for those with master's and 27% for respondents having doctorates. It appears that with higher levels of education individuals may have received more information about various teaching strategies, or may have had more experience participating with or using various teaching strategies.

While not statistically significant, a chi square value of 5.44 at a significance level of 0.07 may indicate a meaningful relationship between level of education and the knowledge/skill category of classroom instruction. In this category there is a suggestion that with increasing levels of education there was a decreased need for professional development activities that deal with classroom instruction.

Summary

Results from cross-tabulation between demographic variables and discrepancy scores indicating need for professional development revealed the presence of several statistically significant relationships. There was a relationship between age and the need for development concerning clinical instruction; a relationship between years of teaching experience and the need for information about the organization of the Collaborative Program, and relationships among level of education and adult learners, clinical instruction and teaching strategies.

Incentives and Barriers to Participation

Section III of the survey included two open ended questions regarding factors that influence nurse educator participation in professional development activities. Respondents were asked to respond in their own words to two

questions: 1) What factors would act as incentives to your participation in professional development activities? and 2) What factors might act as barriers to your participation in professional development activities? Open-ended questions were used to allow a richer and fuller perspective on this issue.

There was a total of 417 responses to these questions. In analyzing data related to both the incentive and barrier questions, four major themes were identified: nurse educator role, aspects of design, impact of participation, and aspects of content. These themes represent central issues related to participation in professional development activities. Categories were organized for responses within each theme. Frequency tabulations were developed for each category within the specific themes. Ninety-six nurse educators responded to the question concerning incentives while 94 responded to the question concerning barriers.

Nurse Educator Role

This theme referred to specific characteristics of the nurse educator role that impact on participation in professional development activities. Table 4.19 represents data related to nurse educator role factors that influenced participation in professional development activities. There were 119 comments in this area, of which issues related to the nurse educator role were described as incentives 39.5% of the time and as barriers 60.5% of the time. The theme was divided into three categories: time available, workload and work environment.

The role of the nurse educator involves many responsibilities and time appears to be an important issue that has the potential to positively or negatively

Table 4.19

Nurse Educator Role Factors Influencing Participation in Professional Development Activities

	Frequency of Responses			
Factor	Incentive (N=96)	Barrier (N=94)	Total	%
Time Available	27	38	65	54.6
Workload	20	26	46	38.7
Work Environment	---	8	8	6.7
Totals	47	72	119	100.0
Row Percent	39.5	60.5	100.0	

influence participation. Time available was cited as an incentive on 27 occasions and as a barrier on 38. This represented 54.6% of the total responses. The majority of respondents described time as an incentive when time is available and as a barrier when time is not available for professional development.

The issue of time is closely related to the idea of workload. In the theme of nurse educator role 38.7% of responses involved workload. Twenty comments described workload as an incentive and 26 described it as a barrier. The main concerns of respondents in this area related to the heaviness of their workload and the degree to which it impinged upon their time. Respondents indicated that they were more likely to attend professional development activities if their workload was light or had been reduced.

The work environment was described as a barrier to participation on 8 occasions representing 6.7% of the total response under nurse educator role.

Comments in this area referred to characteristics of the work environment that inhibited or discouraged participation in professional development. Examples of specific comments included, "opportunity not given to attend," "politics," and "no employer support."

Aspects of Design

The theme "design" refers to elements important to consider in planning professional development activities. This topic was subdivided into four categories: format, presenters, scheduling, and accessibility. Of a total of 111 citations, aspects of design were listed as incentives 39.6% of the time and as barriers 60.4% of the time. Table 4.20 presents data related to design categories that appear to influence participation in professional development activities.

Table 4.20

Design Factors Influencing Participation in Professional Development Activities

	Frequency of Responses			
Factor	Incentive (N=96)	Barrier (N=94)	Total	%[a]
Scheduling	19	30	49	44.1
Format	13	20	33	29.7
Presenters	7	8	15	13.5
Accessibility	5	9	14	12.6
Totals	44	67	111	100.0
Row Percent	39.6	60.4	100.0	

[a] Totals do not equal 100%, error due to rounding.

Scheduling of professional development activities appeared to be an aspect of design that influences participation. Statements in this category represented 44.1% of the total response. Scheduling was described as an incentive (n=19) with statements such as "scheduling," "scheduling with careful attention to work schedules," "scheduling at a time that does not conflict with academic schedule," and "days when not in clinical." Statements that described scheduling as a barrier to participation (n=30) referred to instances in which planned professional development activities conflicted with other work responsibilities, or involved out of work hours: "activities in late afternoons, or on weekends," "activities that conflict with academic year activities," "activities scheduled at high demand times," and "scheduling that conflicts with teaching activities."

Statements related to format addressed the nature of the professional development activity. This category was identified as an influencing factor 33 times for 29.7% of the total response. Format issues were identified as incentives on 13 occasions with statements that related to the organization of the activity, the type of activity, the opportunity to participate, and the clarity of the task. Statements describing format as a barrier (n=20) were concerned with the length of the presentation, the physical environment, the quality of the activities, and the demands of the activity. Examples of comments included, "poor physical environment," "compulsory attendance," "inappropriate learning activities," and "threatening environment."

Respondents also indicated that characteristics of the presenter must be considered when planning any professional development activity. This category was described as an influencing factor on 15 occasions representing 13.5% of the

total response. Characteristics of presenters that acted as incentives (n=7) to participation involved the amount of experience and knowledge of the presenter, their credibility, and their level of knowledge. Conversely respondents described presenter characteristics that acted as a barrier to participation (n=8) in statements such as, "presenters who lack expertise," "poor teachers/leaders," and "perceived lack of credibility of speaker."

Accessibility was another design category that acted as either an incentive or barrier to participation in professional development activities for the nurse educators in this study. Accessibility was cited 14 times (12.6%): 5 times as an incentive and 9 times as a barrier. Comments in this category related to the location of activity. If the activity was close, convenient, and easy to get to, then it was seen as an incentive; if not, it became a barrier to participation.

Impact of Participation

Issues in this theme were related consequences occurring as a result of participation in professional development activity. There were five categories in this theme: finances, energy level, personal commitments, external rewards and internal rewards. There were a total of 90 citations in this theme, 52% of which were related to incentives and 48% barriers. Table 4.21 presents data relating to impact concerns that influenced participation in professional development activities.

The majority of responses in this area indicated that finances were an impact factor influencing participation. Finances were cited on 51 occasions, representing 51% of the total response related to consequences; 18 citations

addressed finances as an incentive, and 33 as a barrier. Respondents appeared primarily concerned with the cost of professional development activities, whether funding was provided to attend, and whether they had sufficient funds to pay for activities on their own.

Table 4.21

Impact of Participation in Professional Development Activities

	Frequency of Responses			
Factor	Incentive (N=96)	Barrier (N=94)	Total	%
Finances	18	33	51	51
External Rewards	23	---	23	23
Internal Rewards	11	---	11	11
Energy Level	---	9	9	9
Personal Responsibilities	---	6	6	6
Totals	52	48	100	100
Row Percent	52	48	100	

The next most frequently cited categories involved external and internal rewards. These categories were indicated only as incentives. External rewards were reported 23 times and referred to tangible consequences of participation such as: "positive feedback from peers and superiors," "credits toward degree or certificate," "direct payoff," and "opportunity to foster improved performance." Internal rewards were noted 11 times and referred to more intangible

consequences of participation such as: "motivation to strive for success," "self-satisfaction," "stimulating/rewarding," and "like to learn new things."

Energy level was cited as a barrier to participation on 9 occasions (9%). Respondents indicated that often participation in professional development activities required too much effort and resulted in decreased energy and fatigue.

The last category reflected personal responsibilities. There were 6 responses (6%) describing personal commitments as a barrier to participation. Comments in this category related to the necessity of meeting family obligations and off-duty educational obligations.

Aspects of Content

Content refers to the subject matter of professional development activities. Subcategories within this theme included: interest, relevance, topic, and need for a total of 87 responses centered around this theme. Table 4.22 shows data concerning aspects of content that act as incentives or barriers to participation in professional development activities.

The greatest percentage (36.8%) of responses relating to aspects of content were in the category of interest. Interest was designated as an incentive in 21 cases, with comments such as, "interesting topics," "content that interests me," and "interest in the subject." It was designated as a barrier in 11 cases. Comments reflected the reverse of those listed as incentives: "uninteresting subject," "disinterest." All statements related to this topic involved the degree to which respondents were interested in the subject matter.

Table 4.22

Aspects of Content Influencing Participation in Professional Development Activities

	Frequency of Responses			
Factor	Incentive (N=96)	Barrier (N=94)	Total	%
Interest	21	11	32	36.8
Relevance	13	14	27	31.0
Topic	22	---	22	25.3
Need	6	---	6	6.9
Totals	62	25	87	100.0
Row Percent	71.3	28.7	100.0	

Thirty-one percent of the total responses relating to content dealt with relevance as either an incentive or barrier to participation. Respondents cited relevance of content as an incentive 13 times. Typical comments included statements such as " ability to engage in activities that are relevant to me," and "relevance of topics to current teaching responsibilities." Relevance was identified as a barrier on 14 occasions with comments such as, " topic area not relevant," "not relevant to clinical practice," and "redundant material."

Statements related to the category "topic" describe specific characteristics of subject matter that were incentives to participation. Respondents cited topic concerns 22 times (25.3%) in their discussion of incentives. Many respondents reported that topics must have some practical application as indicated in comments such as, " direct application," "topic of practical use," "and "opportunity for application to work". Responses in this area also focused on specific areas of

subject matter such as, "topics related to clinical practice," "application of theory," and " topics related to teaching and learning of adult students."

The last category relating to content dealt with the issue of need. Need was identified on 6 occasions representing 6.9% of the total response. Need was only identified as an incentive. Typical comments in this category were, " felt need," "identified learning need," "timeliness of topic to need," and "specific developmental needs."

Additional Comments Related to Professional Development Needs

The last open ended question in Section III allowed respondents to document any additional comments they had regarding professional development in the Collaborative Program. Thirty-five people completed this question. In order to summarize the data, responses were analyzed for major themes and seven categories were identified. Table 4.23 presents these data.

In the space for additional comments most respondents identified additional concerns related to the content of professional development activities. Specific statements included, "the need for themes that could be developed over time," "emphasis being placed on clinical nursing content," and "a focus on inquiry rather than behaviorism."

There were 9 comments related to the current status of professional development activities in the Collaborative Program. Respondents were concerned with the amount of professional development activity available, "not enough," the quality of the activity, "lack of relevant workshops in the past year,"

Table 4.23

Content Analysis of Additional Comments Related to Professional Development Needs

Category	Frequency
Content Considerations	10
Current Professional Development	9
All-site Activities	8
Individual Concerns	7
Impact of the Collaborative Program	6
Process Considerations	5
Scheduling	3
Total	48

and the need for professional development activity within the program, "it is needed at all levels."

There were a variety of responses indicating interest in the issue of professional development activities involving all sites of the ERDNP:CM. Some respondents felt that activities involving all sites were very important, "consistency throughout all sites to develop commitment to goals of the program," while others disagreed, "too many all-site activities cause too impersonal and too large an inservice." Several respondents focused on the need for opportunity to share with others, "time for sharing is as important as any formal content."

Respondents expressed concern regarding the impact of implementing the Collaborative program in a total of 6 responses. Concerns were related to issues

such as increased workload, increased stress, burnout, and the need for increased independence.

The areas of least response involved process considerations (n=5) and scheduling (n=3). Comments related to process considerations focused on the desirability of needs assessments, smaller inservices, the use of concurrent sessions and making use of the experts available within each faculty. Comments related to scheduling stressed the need for advance planning and good publicity related to professional development activities.

Summary

This chapter presented findings relating to perceptions of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model regarding: (1) their professional development needs, and (2) factors that act as incentives or barriers to their participation in professional development activities.

The demographic profile of nurse educators participating in this study revealed that the majority of respondents were between 35 and 50 years of age, had attained or were attaining a masters degree or higher, had more than 6 years of teaching experience, and worked primarily in teaching. Most respondents had participated in some aspect of course development in relation to the Collaborative Program, and the majority preferred a conference format for professional development activities.

Nurse educators participating in this study indicated an overall need for professional development activities related to the nurse educator role. An examination of perceived need for professional development revealed that the

greatest perceived need for development occurred in relation to specific teaching strategies. Respondents also indicated a perceived need for development in relation to classroom instruction and evaluation, and professional growth.

Results from cross-tabulation analysis between mean discrepancy scores for each knowledge/skill category and the demographic variables age, level of education and teaching experience indicated the presence of several statistically significant relationships. There was a relationship between age and clinical instruction; between teaching experience and the Collaborative program, and among level of education and adult learners, clinical instruction, and teaching strategies.

Content analysis of open-ended questions concerning incentives and barriers to participation in professional development activities involved themes relating to nurse educator role, aspects of design, impact of participation and aspects of content. The largest percentage of responses were related to the nurse educator role. This theme was divided into three subcategories: time available, workload, and work environment. Of these three, respondents were most concerned with time available. Aspects of design involved four categories: scheduling, format, presenters, and accessibility. Of these categories respondents were most concerned about aspects of scheduling. The theme dealing with impact of included five categories: finances, energy level, external and internal rewards, and personal responsibilities. Of these categories most comments were related to finances. Aspects of content involved categories relating to interest, relevance, topic, and need for the subject matter. The greatest number of comments occurred in relation to interest.

CHAPTER 5

SUMMARY, CONCLUSIONS AND IMPLICATIONS

The movement toward the baccalaureate degree as the entrance requirement to the practice of nursing has served as a stimulus for curriculum change in nursing programs in the Edmonton and Red Deer area. The establishment of The Edmonton and Red Deer Nursing Program: Collaborative Model has resulted in a considerable degree of change for nurse educators working within the program. They are responsible for adapting to and implementing the new curriculum, developing knowledge and skills demanded by the new curriculum, and adjusting to the changes that have occurred in the organizational structure of the program. The issue of faculty development is important to consider in relation to these program changes. This study represents an attempt to identify the professional development needs of nurse educators working within the ERDNP:CM.

The purpose of this chapter is to present a summary of the problem, methodology and findings of this study, to state conclusions, and to discuss implications resulting from the findings. Suggestions for further research will also be addressed.

Summary of the Study

The primary purpose of this study was to ascertain the perceived professional development needs of nurse educators within the Edmonton and Red Deer Nursing Program: Collaborative Model, and factors they considered to

be incentives or barriers to their participation in professional development activities. Specifically the study asked the following questions:

1. What are the self-reported professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model?

2. What factors influence nurse educator participation in professional development activities?

The data for this study were provided by nurse educators' responses to the *Nurse Educator Professional Development Need Survey*. This instrument contained three sections. The first section provided information related to personal and professional characteristics of respondents. The second section gathered information about respondent's perceived need for professional development related to: the organizational structure and function of the Edmonton and Red Deer Nursing Program: Collaborative Model, the curriculum, the adult learner, instruction in the classroom and clinical area, evaluation of clinical practice and classroom theory, interpersonal skills, and professional growth. The last section consisted of three open-ended questions. Two of these questions were designed to give respondents a chance to document, in their own words, factors that influenced their participation in professional development activities. The third question provided opportunity for respondents to expand on or identify any additional areas of concern related to professional development in the Collaborative program.

Prior to initiating the data collection, a pilot study was conducted. Modifications were made to the instrument based on the pilot study. The questionnaire was then distributed to nurse educators in five of the six

institutions involved in the ERDNP:CM in March 1993. A total of 104 nurse educators participated in the study, representing a response rate of 50%. Caution should be taken in any interpretation of the findings as only one half of the total population are represented.

Frequency counts and percentage distributions were used to discuss the (a) personal and professional characteristics of nurse educators, and (b) findings resulting from theme analysis of responses to open-ended questions. Mean discrepancy scores and rank order of these means were used to determine the extent to which respondents perceived a need for professional development in knowledge and skill categories related to the nurse educator role. Chi square analysis was used to test for statistically significant relationships among the eleven knowledge/skill categories and the variables age, years of teaching experience, and level of education.

Summary of the Findings

Demographic Profile of Nurse Educators

The majority of nurse educators involved in this study represented an experienced and well educated group. They were between 35 to 50 years of age, were employed full-time in teaching, and had either completed or were currently working on a master's degree. For most of the respondents, participation in developing the Collaborative program consisted primarily of course development activities (more than half in course development within their own institutions or on inter-institutional course development task groups). One half of the respondents had participated in faculty development activities. The

majority of nurse educators indicated a preference for a conference format in professional development activities.

Perceived Need for Professional Development

Overall, respondents indicated a need for professional development activities related to the nurse educator role. The greatest perceived need for professional development occurred in relation to knowledge and skills required in the use of various teaching strategies. Of the items listed in this category mean discrepancy scores were the highest for interactive video, problem-based learning, critical questioning, and computer-assisted learning. Other categories in which nurse educators indicated a need for professional development related to classroom instruction/evaluation and professional growth. Respondents were interested in promoting self-directed learning, motivating learners, developing interesting teaching materials, and using a variety of assessment strategies in the classroom area. They also indicated a need for development in relation to writing for publication, submitting research proposals and conducting research.

Nurse educators indicating a high degree of perceived need for development in relation to clinical instruction were most often younger than 34 years of age. Those respondents having five or less years of teaching experience indicated a greater need for professional development related to the organizational structure and function of the Collaborative program. Respondents with a master's degree or higher were less interested in professional development related to adult learners, clinical instruction and teaching strategies.

Incentives and Barriers to Participation

The 417 responses to the open-ended questions concerning incentives and barriers were grouped into four general themes: nurse educator role, aspects of design, impact of participation, and aspects of content. Factors relating to the nurse educator role were indicated in the majority of responses (n=117). Time available, workload, and work environment were seen as either incentives or barriers to participation. The second most frequently cited group of responses involved aspects of design (n=111). Format of professional development activities, characteristics of presenters, scheduling and accessibility were seen as important influencing factors within this theme. Respondents appeared to be most concerned with the scheduling of professional development activities. Issues addressed under the impact of professional development theme involved finances, energy level, personal commitments, external and internal rewards. The area of finances was mentioned most frequently. Influencing factors related to content included interest, relevance, topic, and need, with the majority of citations related to interest.

Additional Comments

Nurse educators expressed additional concerns related to professional development. The need for clinical nursing content, the need to have professional development on an ongoing basis with themes developed over time, and the need for a focus on inquiry rather than behaviorism were

emphasized. Concern was expressed about the amount and quality of professional development available, with the need for quality activities being emphasized. There were differences of opinion in regards to the need for professional development activities involving all sites of the program with some respondents favoring these activities, while others indicated they did not. Respondents also indicated a need for advanced planning and good publicity related to professional development activities.

Conclusions

The focus of this study related to nurse educator perceptions regarding their needs for professional development in relation to knowledge and skills necessary to the nurse educator role. This section presents conclusions based on findings and suggests implications for nursing education and research.

1. *In this study, nurse educators reported varying professional development needs.*

The majority of nurse educators participating in the study indicated they currently had knowledge and skills in the eleven categories, but the level of performance varied on the scale from very low to high. Evidently their level of competence varied depending on demographic variables and the category area.

2. *Some nurse educators in the Collaborative Program were most interested in promoting self-directed and active learning with their students.*

The highest indications of need for professional development occurred in relation to the use of such specific teaching strategies as interactive video, problem-based learning, critical questioning, and computer-assisted instruction.

In all of these areas the student takes responsibility for their own learning and is an active participant in a learning process that involves critical and independent thinking.

3. *Nurse educators in this study were interested in learning more about research and scholarly writing.*

Respondents were concerned about professional development relating to research and scholarship, areas that have become increasingly important since nursing education has moved into the field of advanced education. Indications of need for development occurred in relation to writing for publication, submitting grant proposals and conducting research.

4. *Younger nurse educators with less teaching experience and education expressed greater need for professional development than their older, more experienced and better educated colleagues*

Younger nurse educators were more interested in professional development related to clinical instruction. Those with less than five years of teaching experience indicated a greater need for development related to the Collaborative program. Nurse educators with a master's or higher level of education were less interested in professional development related to adult learners, clinical instruction, and teaching strategies than their colleagues with a baccalaureate.

5. *Professional development activities must be meaningful, of good quality, and scheduled with consideration of the workload of participants.*

Nurse educators were primarily concerned about the time they had available for participation, the size of their workload and whether or not the

scheduling of professional development activities took these factors into consideration. They expressed concern about the format of the presentation as well as the perceived credibility of the presenter, and indicated that they would be more likely to attend if they were interested in the content and felt the content was relevant. Respondents also indicated that the cost of professional development activities was important as either an incentive or barrier to participation.

Implications

The primary purpose of this study was to collect, analyze and discuss data related to the perceived professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model, and factors that influenced their participation in professional development activities. These data should be of interest to educational administrators and individuals responsible for planning of professional development. Knowledge of the perceived needs of potential participants and of factors that influence their participation can be used to identify topics, speakers and effective strategies that will facilitate professional growth and the successful implementation of the Collaborative program.

The results of this study did provide relevant information that is in agreement with information revealed in the literature about professional development in nursing education and factors that influence participation in professional development activities. It is however recognized that findings of this study are specific to one point in time, and reflect only the perspectives of

potential participants in professional development activity, the nurse educators themselves. Additional research in regard to the professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model is necessary to either support or refute these findings and to further expand knowledge in this area. Suggestions regarding implications for practice are offered with caution.

Nursing Practice and Education

The findings of this study revealed that the majority of nurse educators within the Collaborative program did perceive a need for professional development in knowledge/skill categories related to the nurse educator role. Participants within the study represented on the whole an experienced and well educated group of professionals, relatively confident in their abilities as nurse educators. Consequently the primary focus of professional development activities should not be on acquisition of knowledge and skills necessary to the nurse educator role but rather on refining and further development of these knowledge and skill levels.

Nurse educators working within the Collaborative program appear to be interested in fulfilling the goals of the program. Areas in which the most need for development was indicated reflected the movement from a training model of nursing education to one that is learner-centered and focused on inquiry. Individuals responsible for professional development programs may want to consider and initiate activities that will facilitate growth in areas related to the encouragement of self-directed learning and motivation of learners, and in

specific strategies in which learners are actively involved such as interactive video, problem-based learning and critical questioning.

The movement of nursing education into the field of higher education has also resulted in a perceived need for professional development related to research and scholarship. Nurse educators appear to be aware of the demands for research and publication that are typically required of faculty in institutions of higher education. Educational administrators and individuals responsible for professional development need to aware of the increased interest and need for professional development that will foster faculty productivity in areas related to scholarly writing and developing and conducting research. Facilitation of faculty development in these areas will serve to advance both the science and practice of nursing and nursing education.

The exploration of nurse educator perceptions regarding factors that acted as incentives or barriers to participation in professional development activities is an initial step in planning effective professional development programs that meet the needs of potential participants. Individuals responsible for planning professional development activities may want to ensure that specific factors such as workload, the scheduling of activities, and the cost of activities are taken into consideration. The active involvement of learners in planning professional development activities is one way of ensuring accurate and timely information regarding incentives and barriers to participation.

Findings of the study indicated that younger nurse educators with fewer years of teaching experience and lower levels of education had a higher need for professional development in a variety of areas related to the nurse educator

role. These findings may have implications for nursing education in several areas. Educational administrators and individuals responsible for planning professional development activities need to be aware that these nurse educators need development activities related to the structure and function of their educational organization, clinical teaching, adult learners and teaching strategies. Provision of these professional development activities will assist younger, less experienced nurse educators in becoming socialized into and fulfilling the obligations of the nurse educator role.

Nursing Research

The findings of this study reflect only a small part of what can be learned regarding the professional development needs of nurse educators within the Collaborative program. It is important to note that professional development needs are not static. Additional research is necessary in attempting to understand the extent to which the findings of this study are consistent at different times and in different circumstances. The following recommendations for research can assist further exploration of this area.

This study was limited in that it relied completely on a questionnaire to gather information relating to nurse educator perceptions of their professional development needs. Further research using different data collection methods such as interviews, or a variety of data collection methods might provide more comprehensive information related to the topic.

The study was further limited in that the response rate was low and one institution within the program was not represented. A replication study in which

all institutions are represented and in which there is a higher response rate would better represent the population of nurse educators within the Collaborative program.

The data in this study concerned nurse educator perceptions regarding their professional development needs and factors that influenced their participation in professional development activities. A more complete picture of professional development needs and participation in professional development activities within the Collaborative program might be achieved by incorporating a wider variety of perspectives. It is recommended that future studies in this area include information relating to the perceptions of nurse educators, educational administrators and students regarding professional development needs within the Collaborative program.

Findings of the study indicated a relationship among age, level of education and years of teaching experience and perceived need for professional development in several knowledge and skill areas related to the nurse educator role. These findings, however, were not evident in every category of knowledge and skill. Further empirical research related to these variables is necessary and would either support or refute these findings.

This investigation represented nurse educator perceptions of their needs for professional development at a single point in time. These perceptions will change over time and in different circumstances; therefore ongoing research in this area is necessary. Current governmental concern about funding in advanced education and the need to ensure effective use of resources in efficient program delivery has the potential to profoundly impact nurse educator

perceptions regarding their professional development needs. As educational institutions in nursing review the structure of their organizations and the manner in which their services are delivered in order to maximize use of resources, nurse educators must consider the knowledge and skills they have to offer these institutions, and the impact that organizational change will make on their personal and professional lives. The demand for professional development could increase as nurse educators attempt to prepare themselves to deal with changing conditions of employment that require the development of new knowledge and skills, or it may decrease in response to the increased anxiety that often accompanies a review process.

In order to substantiate or refute the findings of this study relating to the professional development needs of nurse educators in the Collaborative program, the study could be replicated using populations of nurse educators involved in different collaborative programs. It might be valuable to identify whether or not there are issues relating to professional development needs and curriculum change that can be generalized across populations of nurse educators involved in different collaborative programs.

Summary

Professional development activities for nurse educators are important in ensuring teaching effectiveness and in maintaining faculty vitality. Periodic assessment of the development needs of nurse educators is important in maintaining professional vitality. Professional development activities that are planned should reflect needs identified in these assessments. Individuals

responsible for program planning in professional development should take into consideration faculty perceptions regarding incentives and barriers to participation. This investigation provides information and insight relevant for planning such professional development programs in nursing education.

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Appendix A

Questionnaire

NURSE EDUCATORS

PROFESSIONAL DEVELOPMENT NEEDS SURVEY

SECTION I: **Background Information**

Please circle the most appropriate number.

a. **Age:**

[6]
1. 21 - 24
2. 25 - 30
3. 31 - 34
4. 35 - 40
5. 41 - 44
6. 45 - 50
7. 51 - 54
8. 55 and over

b. **Total teaching experience in nursing:**

[7]
1. 0 - 2 years
2. 3 - 5 years
3. 6 - 10 years
4. 11 - 15 years
5. Over 15 years

c. **Highest level of education:** (completed/in progress)

[8] 1. Baccalaureate (please specify type)

_____

[9] 2. Master's Degree (please specify type)

_____

[10] 3. Ph.D. Degree (please specify type)

_____

[11] 4. Other credentials (please specify)

_____

d. **Type of present employment:**

[12]
1. Full-Time
2. Part-Time
3. Sessional

e. **Category of employment:**

[13]
1. Teaching
2. Administration
3. Teaching and Administration

e. **Type and amount of experience** in the development of the Edmonton and Red Deer Nursing Program: Collaborative Model - [Circle none (N), low (L), moderate (M), or high (H) for as many as necessary.]

	Amount Of Experience				
1. Participation on the Task Force	N	L	M	H	[14]
2. Participation on Collaborative Standing Committees	N	L	M	H	[15]
3. Course development task groups	N	L	M	H	[16]
4. In house course development	N	L	M	H	[17]
5. Faculty development activities	N	L	M	H	[18]
6. Other (please specify)	N	L	M	H	[19]
_____					[20]
_____					

f. **Please rate your top three preferences** from the list of professional development formats using:

(1) Most preferred (2) Second preference (3) Third preference

[21] _____ Credit Course
[22] _____ Non-Credit Course
[23] _____ Conference/Workshop
[24] _____ Programmed Instruction
[25] _____ Organized Discussion
[26] _____ Informal Discussion
[27] _____ Interactive Video
[28] _____ Lecture
[29] _____ Tutoring
[30] _____ Peer Coaching
[31] _____ Computer Assisted Learning
[32] _____ Self-directed Learning
[33] _____ Reading

SECTION II

Knowledge/Skill Inventory Items:

Professional development is an important part of the nurse educator's role. In response to recent curricular changes within the Collaborative Program this survey asks you to think about your professional learning needs.

Please complete the following assessment of your current (C) and desired (D) knowledge and skill levels in areas related to the nurse educator role.

For each item please respond in two (2) ways:

A. Circle the number on the "C" line which represents your **current** knowledge/skill level; and

B. Circle the number on the "D" line which represents your **desired** knowledge/skill level.

The numbers of the scale correspond to the following ratings:

1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable

Example: Knowledge/Skill - Creativity in classroom teaching:

Current Level	C	1	(2)	3	4	5	n/a
Desired Level	D	1	2	3	(5)		n/a

The response indicates that the respondents **current** knowledge/skill level is low in "Creativity in classroom teaching" and that he or she **would like to** achieve a very high knowledge/skill level in this area.

LEVEL OF KNOWLEDGE/SKILL

1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable

(C) - Current (D) - Desired

A. In considering the Collaborative Program what are your professional development needs regarding:

1. Knowledge of the **structure** of the:

a. Advisory Board

C 1 2 3 4 5 n/a [34]

D 1 2 3 4 5 n/a [35]

b. Administrative Council

C 1 2 3 4 5 n/a [36]

D 1 2 3 4 5 n/a [37]

c. Clinical Placement Committee

C 1 2 3 4 5 n/a [38]

D 1 2 3 4 5 n/a [39]

d. Faculty Development Committee

C 1 2 3 4 5 n/a [40]

D 1 2 3 4 5 n/a [41]

e. Collaborative Curriculum Committee

C 1 2 3 4 5 n/a [42]

D 1 2 3 4 5 n/a [43]

f. Evaluation and Research Committee

C 1 2 3 4 5 n/a [44]

D 1 2 3 4 5 n/a [45]

g. Communication and Information Committee

C 1 2 3 4 5 n/a [46]

D 1 2 3 4 5 n/a [47]

2. Knowledge of the **function** of the:

a. Advisory Board

C 1 2 3 4 5 n/a [48]

D 1 2 3 4 5 n/a [49]

b. Administrative Council

C 1 2 3 4 5 n/a [50]

D 1 2 3 4 5 n/a [51]

c. Clinical Placement Committee

C 1 2 3 4 5 n/a [52]

D 1 2 3 4 5 n/a [53]

d. Faculty Development Committee

C 1 2 3 4 5 n/a [54]

D 1 2 3 4 5 n/a [55]

e. Collaborative Curriculum Committee

C 1 2 3 4 5 n/a [56]

D 1 2 3 4 5 n/a [57]

f. Evaluation and Research Committee

C 1 2 3 4 5 n/a [58]

D 1 2 3 4 5 n/a [59]

g. Communication and Information Committee

C 1 2 3 4 5 n/a [60]

D 1 2 3 4 5 n/a [61]

LEVEL OF KNOWLEDGE/SKILL

1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable

(C) - Current (D) - Desired

B. What are your professional development needs concerning the Collaborative Curriculum?

1. Knowing the goals of the Collaborative Curriculum.	C	1	2	3	4	5	n/a	[6]
	D	1	2	3	4	5	n/a	[7]
2. Identifying content relevant to the curriculum.	C	1	2	3	4	5	n/a	[8]
	D	1	2	3	4	5	n/a	[9]
3. Organizing content within the curriculum.	C	1	2	3	4	5	n/a	[10]
	D	1	2	3	4	5	n/a	[11]
4. Integrating content related to ethics in nursing.	C	1	2	3	4	5	n/a	[12]
	D	1	2	3	4	5	n/a	[13]
5. Integrating content related to health promotion and primary health care.	C	1	2	3	4	5	n/a	[14]
	D	1	2	3	4	5	n/a	[15]
6. Integrating content related to critical thinking.	C	1	2	3	4	5	n/a	[16]
	D	1	2	3	4	5	n/a	[17]
7. Helping students understand the relevance of the content.	C	1	2	3	4	5	n/a	[18]
	D	1	2	3	4	5	n/a	[19]
8. Developing course objectives.	C	1	2	3	4	5	n/a	[20]
	D	1	2	3	4	5	n/a	[21]
9. Other (please specify).	C	1	2	3	4	5	n/a	[22]
	D	1	2	3	4	5	n/a	[23]

_____

C. Regarding adult learners, what are your learning needs?

1. Knowing how to apply the principles of adult learning.	C	1	2	3	4	5	n/a	[24]
	D	1	2	3	4	5	n/a	[25]
2. Understanding how to meet adult learning needs.	C	1	2	3	4	5	n/a	[26]
	D	1	2	3	4	5	n/a	[27]
3. Incorporating learner experience into instruction.	C	1	2	3	4	5	n/a	[28]
	D	1	2	3	4	5	n/a	[29]
4. Understanding incentives to adult learning.	C	1	2	3	4	5	n/a	[30]
	D	1	2	3	4	5	n/a	[31]
5. Understanding barriers to adult learning.	C	1	2	3	4	5	n/a	[32]
	D	1	2	3	4	5	n/a	[33]
6. Other (please specify).	C	1	2	3	4	5	n/a	[34]
	D	1	2	3	4	5	n/a	[35]

_____

LEVEL OF KNOWLEDGE/SKILL					
1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable

(C) - Current (D) - Desired

D1. Considering classroom instruction, what are your learning needs?

1. Creating a favorable learning environment.	C	1	2	3	4	5	n/a	[36]
	D	1	2	3	4	5	n/a	[37]
2. Knowing how to use a variety of instructional techniques.	C	1	2	3	4	5	n/a	[38]
	D	1	2	3	4	5	n/a	[39]
3. Developing interesting teaching materials.	C	1	2	3	4	5	n/a	[40]
	D	1	2	3	4	5	n/a	[41]
4. Presenting stimulating lectures.	C	1	2	3	4	5	n/a	[42]
	D	1	2	3	4	5	n/a	[43]
5. Involving learners in instruction.	C	1	2	3	4	5	n/a	[44]
	D	1	2	3	4	5	n/a	[45]
6. Developing appropriate strategies to motivate learners.	C	1	2	3	4	5	n/a	[46]
	D	1	2	3	4	5	n/a	[47]
7. Promoting self-directed learning.	C	1	2	3	4	5	n/a	[48]
	D	1	2	3	4	5	n/a	[49]
8. Other (please specify). _____	C	1	2	3	4	5	n/a	[50]
	D	1	2	3	4	5	n/a	[51]

D2. What are your professional development needs in relation to clinical instruction?

1. Demonstrating competence in the clinical setting.	C	1	2	3	4	5	n/a	[52]
	D	1	2	3	4	5	n/a	[53]
2. Assisting students to apply theory in clinical practice.	C	1	2	3	4	5	n/a	[54]
	D	1	2	3	4	5	n/a	[55]
3. Identifying necessary clinical skills.	C	1	2	3	4	5	n/a	[56]
	D	1	2	3	4	5	n/a	[57]
4. Organizing clinical learning activities.	C	1	2	3	4	5	n/a	[58]
	D	1	2	3	4	5	n/a	[59]
5. Assisting students to apply research to clinical practice.	C	1	2	3	4	5	n/a	[60]
	D	1	2	3	4	5	n/a	[61]
6. Creating a climate that facilitates learning.	C	1	2	3	4	5	n/a	[62]
	D	1	2	3	4	5	n/a	[63]
7. Providing constructive feedback.	C	1	2	3	4	5	n/a	[64]
	D	1	2	3	4	5	n/a	[65]
8. Other (please specify). _____	C	1	2	3	4	5	n/a	[66]
	D	1	2	3	4	5	n/a	[67]

LEVEL OF KNOWLEDGE/SKILL

1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable

(C) - Current (D) - Desired

E1. Considering classroom evaluation, what are your learning needs in relation to:

1. Providing constructive feedback.	C	1	2	3	4	5	n/a	[6]
	D	1	2	3	4	5	n/a	[7]
2. Using a variety of assessment strategies.	C	1	2	3	4	5	n/a	[8]
	D	1	2	3	4	5	n/a	[9]
3. Grading written assignments.	C	1	2	3	4	5	n/a	[10]
	D	1	2	3	4	5	n/a	[11]
4. Assessing seminar presentations.	C	1	2	3	4	5	n/a	[12]
	D	1	2	3	4	5	n/a	[13]
5. Constructing test items.	C	1	2	3	4	5	n/a	[14]
	D	1	2	3	4	5	n/a	[15]
6. Other (please specify).	C	1	2	3	4	5	n/a	[16]
	D	1	2	3	4	5	n/a	[17]

_____

E2. Considering clinical evaluation, what are your learning needs in relation to:

1. Providing clearly defined expectations.	C	1	2	3	4	5	n/a	[18]
	D	1	2	3	4	5	n/a	[19]
2. Writing pertinent anecdotal records.	C	1	2	3	4	5	n/a	[20]
	D	1	2	3	4	5	n/a	[21]
3. Accommodating subjective assessments.	C	1	2	3	4	5	n/a	[22]
	D	1	2	3	4	5	n/a	[23]
4. Providing constructive feedback.	C	1	2	3	4	5	n/a	[24]
	D	1	2	3	4	5	n/a	[25]
5. Providing formative evaluations.	C	1	2	3	4	5	n/a	[26]
	D	1	2	3	4	5	n/a	[27]
6. Providing written summative evaluations.	C	1	2	3	4	5	n/a	[28]
	D	1	2	3	4	5	n/a	[29]
7. Other (please specify).	C	1	2	3	4	5	n/a	[30]
	D	1	2	3	4	5	n/a	[31]

_____

LEVEL OF KNOWLEDGE/SKILL					
1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable
(C) - Current			(D) - Desired		

F. Nurse educators use a variety of teaching strategies. What are your learning needs in relation to the use of:

1. Case Studies.	C	1	2	3	4	5	n/a	[32]
	D	1	2	3	4	5	n/a	[33]
2. Simulations.	C	1	2	3	4	5	n/a	[34]
	D	1	2	3	4	5	n/a	[35]
3. Guided Practice.	C	1	2	3	4	5	n/a	[36]
	D	1	2	3	4	5	n/a	[37]
4. Programmed Learning.	C	1	2	3	4	5	n/a	[38]
	D	1	2	3	4	5	n/a	[39]
5. Journal Writing.	C	1	2	3	4	5	n/a	[40]
	D	1	2	3	4	5	n/a	[41]
6. Role-playing.	C	1	2	3	4	5	n/a	[42]
	D	1	2	3	4	5	n/a	[43]
7. Seminars.	C	1	2	3	4	5	n/a	[44]
	D	1	2	3	4	5	n/a	[45]
8. Critical Questioning.	C	1	2	3	4	5	n/a	[46]
	D	1	2	3	4	5	n/a	[47]
9. Contracting.	C	1	2	3	4	5	n/a	[48]
	D	1	2	3	4	5	n/a	[49]
10. Problem-based Learning.	C	1	2	3	4	5	n/a	[50]
	D	1	2	3	4	5	n/a	[51]
11. Computer-Assisted Learning.	C	1	2	3	4	5	n/a	[52]
	D	1	2	3	4	5	n/a	[53]
12. Interactive Video.	C	1	2	3	4	5	n/a	[54]
	D	1	2	3	4	5	n/a	[55]
13. Other (please specify).	C	1	2	3	4	5	n/a	[56]
	D	1	2	3	4	5	n/a	[57]

_____

LEVEL OF KNOWLEDGE/SKILL					
1	2	3	4	5	n/a
None or Very Low	Low	Medium	High	Very High	Not Applicable
(C) - Current			(D) - Desired		

G. In the area of interpersonal relationships, what are your learning needs in relation to:

1. Accommodating individual differences in students.	C	1	2	3	4	5	n/a	[6]
	D	1	2	3	4	5	n/a	[7]
2. Using effective communication skills.	C	1	2	3	4	5	n/a	[8]
	D	1	2	3	4	5	n/a	[9]
3. Giving constructive feedback.	C	1	2	3	4	5	n/a	[10]
	D	1	2	3	4	5	n/a	[11]
4. Understanding the effect of stress on student performance.	C	1	2	3	4	5	n/a	[12]
	D	1	2	3	4	5	n/a	[13]
5. Facilitating growth toward independent practice.	C	1	2	3	4	5	n/a	[14]
	D	1	2	3	4	5	n/a	[15]
6. Other (please specify).	C	1	2	3	4	5	n/a	[16]
	D	1	2	3	4	5	n/a	[17]

_____

H. What are your learning needs in relation to the following professional growth areas?

1. Understanding how to deal with work related stress.	C	1	2	3	4	5	n/a	[18]
	D	1	2	3	4	5	n/a	[19]
2. Using effective communication skills with peers.	C	1	2	3	4	5	n/a	[20]
	D	1	2	3	4	5	n/a	[21]
3. Using feedback from students and/or peers to improve performance.	C	1	2	3	4	5	n/a	[22]
	D	1	2	3	4	5	n/a	[23]
4. Using self-evaluation to improve performance.	C	1	2	3	4	5	n/a	[24]
	D	1	2	3	4	5	n/a	[25]
5. Maintaining clinical proficiency.	C	1	2	3	4	5	n/a	[26]
	D	1	2	3	4	5	n/a	[27]
6. Submitting grant proposals.	C	1	2	3	4	5	n/a	[28]
	D	1	2	3	4	5	n/a	[29]
7. Conducting research.	C	1	2	3	4	5	n/a	[30]
	D	1	2	3	4	5	n/a	[31]
8. Writing for publication.	C	1	2	3	4	5	n/a	[32]
	D	1	2	3	4	5	n/a	[33]
9. Other (please specify).	C	1	2	3	4	5	n/a	[34]
	D	1	2	3	4	5	n/a	[35]

_____

SECTION III

Open-ended Questions

1. What factors would act as incentives to your participation in professional development activities?

2. What factors might act as barriers to your participation in professional development activities?

3. Any other comments related to professional development within the Collaborative Program?

Thank you for your cooperation in completing this questionnaire.

Appendix B

Correspondence

December 2, 1992

Dear _____,

I would like to express my appreciation for your willingness to act as an expert in reviewing the instrument I intend to use in my thesis research. Enclosed please find a copy of the "Nurse Educators Professional Development Needs Survey". I would ask that you consider whether the instrument is appropriate, and whether you believe the items will collect the data they are intended to. Please let me know if additional items should be considered. Thank you for your time and consideration.

Sincerely,

Joanne Toornstra.

December, 11, 1992

Dorothy Eiserman, RN, MN.
Chairperson, Department of Nursing
Education and Rehabilitation Services
Grande Prairie Regional College
10726 - 106 Ave.
Grande Prairie, AB.
T8V 4C4

Dear Madam:

I am writing concerning our recent telephone conversation about piloting the instrument "Nurse Educator Professional Development Needs Survey" at your School of Nursing. I wish to thank you for permitting this pilot pending approval from the Administrative Council of the Edmonton and Red Deer Nursing Program: Collaborative Model.

I would ask approximately five nurse educators to complete a questionnaire consisting of three parts: background information, knowledge/skill items, and open-ended questions. It would be helpful if participants would provide feedback on the organization of the questionnaire; whether instructions for completing the questionnaire are clear; whether the items are clear; and the amount of time required to complete the questionnaire. This information will assist in refining the instrument. I have included copies of both the questionnaire and the thesis proposal.

A parcel containing five packages for participants will accompany this letter. Each package contains; a letter of introduction, a questionnaire, and a stamped, self-addressed return envelope.

Thank you for your assistance. I will contact you as soon as possible regarding ERDNP:CM Administrative Council approval.

Sincerely,

Joanne Toornstra
Graduate Student
Department of Adult, Career, and Technology Education
University of Alberta

Telephone: 478-8107

December 11, 1992

Dear Nurse Educator

Thank you for your willingness to participate in the pilot of the "Nurse Educator Professional Development Needs Survey" instrument. I am hoping to use this instrument in completing my thesis research identifying the professional development needs of nurse educators working within the Edmonton and Red Deer Nursing Program: Collaborative Model.

A copy of the instrument and a stamped, self-addressed envelope are enclosed. Please complete all three sections of the questionnaire. Any feedback concerning the organization of the questionnaire; the clarity of instructions for completion, whether items make sense, and about the amount of time required to complete the questionnaire will be invaluable. This feedback will be used to refine the instrument. Return the questionnaire and your feedback in the envelope provided.

Thank you again for your assistance.

Sincerely,

Joanne Toornstra
Graduate Student
Department of Adult, Career, and Technology Education
University of Alberta

December 8, 1992

_____
Chairperson
Administrative Council
Edmonton and Red Deer Nursing Program:
Collaborative Model

Dear _____,

I am a graduate student currently in the process of completing my Masters degree in Adult Education at the University of Alberta. The focus of my research involves professional development needs of nurse educators. Specifically, I am interested in the professional development needs of nurse educators working within the Edmonton and Red Deer Nursing Program: Collaborative Model. My research involves the following questions:

1. What are the self-reported professional development needs of nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model?
2. What factors influence nurse educator participation in professional development activities?

In order to answer these questions I would like to conduct surveys in each of the institutions participating in the Edmonton and Red Deer Nursing Program: Collaborative Model. I am requesting permission to access these sites. The data collection is planned for late January 1993. A brief background to the study and a copy of the questionnaire has been included to provide you with further information. This study has been approved by an Ethics Review Committee in the Department of Adult, Career and Technology Education at the University of Alberta. Thank you for your consideration.

Sincerely,

Joanne Toornstra
University of Alberta
Faculty of Adult, Career and Technology Education

February 3, 1993

Dear _____,

I am a graduate student currently in the process of completing my Masters thesis in Adult Education at the University of Alberta. The purpose of my research is to identify the professional development needs of nurse educators working within the Edmonton and Red Deer Nursing Program: Collaborative Model. The results of this study will provide information about perceived professional development needs which might be used in planning professional development activities to meet professional growth needs, increase job satisfaction, and facilitate effective implementation of the Collaborative Program.

This information will be obtained through the use of a questionnaire that asks nurse educators for their perceptions regarding their professional development needs. I would appreciate it if you would permit me to meet with nurse educators at your school in March/April to discuss and circulate the Nurse Educators Professional Development Needs Survey. Enclosed please find a summary of the proposed research, a statement of ethical concerns and safeguards, and a copy of the questionnaire.
The proposal has been reviewed by the Ethics committee of the Faculty of Education, and has been approved by the Collaborative Evaluation and Research Committee. If the proposed research and ethical safeguards meet with your and/or your research committee's requirements, I would appreciate your assistance in the following ways:

1. Please send me a list of faculty members teaching on a full-time, part-time, or sessional basis with your school of nursing.
2. Please inform me of a convenient time for meeting faculty members to discuss and distribute the questionnaire to those faculty willing to participate.
3 I would ask permission to leave packages containing an introductory letter and a copy of the questionnaire for all faculty unable to attend the meeting.
4. Should a meeting be impossible I would like to send an introductory letter and questionnaire to the identified nurse educators using their work address.

Thank you for considering this request. Should you have any concerns or questions I can be reached at 477-4920 (work) or 478-8107 (home).

Sincerely,

Joanne Toornstra
3216 - 131 Avenue,
Edmonton, Alberta
T5A 3B9

NURSE EDUCATORS

PROFESSIONAL DEVELOPMENT NEEDS SURVEY

INTRODUCTION

Dear Colleague:

As part of the requirements for the Masters of Education Degree from the University of Alberta, I am conducting a research study involving nurse educators in the Edmonton and Red Deer Nursing Program: Collaborative Model (ERDNP:CM). The purpose of the study is to identify the professional development needs of nurse educators working within the ERDNP:CM. Identification of these needs is essential for planning activities that may increase job satisfaction, meet professional growth needs, and ensure effective implementation of the new program.

Your participation in this study is voluntary but encouraged. The information that you share concerning your professional development needs will be strictly confidential. You are asked not to identify yourself. Institutions will not be given access to raw data. A summary of aggregate findings and a summary of findings pertaining to each specific institution will be shared with the respective institution to aid in planning professional development activities. Summarized findings will also be shared with the Collaborative Program Faculty Development Committee. There will be no comparisons of information across institutions in the thesis.

Participation in this study consists of responding to the items in the enclosed questionnaire which should take between 15 and 20 minutes to complete.

If you have any questions or concerns, please do not hesitate to call me at 477-4920 (work) or 478-8107 (home). Thank you for your time and consideration.

Sincerely,

Joanne Toornstra